



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT

VBALL



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 8/7/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured-Party: Amelia BURAS		Participants age: 23	
Specific Area where the accident/incident occurred: Gymnasium			
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.)			
Landed wrong on right knee while playing.			
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 <input type="checkbox"/> no <input checked="" type="checkbox"/>	Fire Contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Rescue contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
ICE PACK was given.			
Staff In Charge: Jaman	Staff completing form: Jaman	Time of event: 7:25pm	
Report Filed By: Jaman	Date: 8/7/2017	Time: 7:30pm	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 8/3/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured-Party: Jesse Aielli		Participants age: 24	
Specific Area where the accident/incident occurred: basketball court			
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.)			
Another person was dribbling the basketball on the basketball court and head butted them in the mouth.			
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	
<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:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="checkbox"/>	Fire Contacted: yes/no <input checked="" type="checkbox"/>	Rescue contacted: yes/no <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: yes/no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Mike got him on ice pack and asked if he needed additional help			
Staff in Charge: Mike Brown	Staff completing form: Dabrian	Time of event: 4:30	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			