

## City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 6/18/17			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
Location Facility/ Program: Ro	Phone:					
Name of Participant/Injured P	Participants age: 7					
Specific Area where the accident/incident occurred: Multi Purpose Room						
Parent/Guardian: Chadae Rush		Phone (H): 434-282-3657 Phone (C):	Phone (W):			
Address: 3919 Cove Garden Rd			Zip: 22959			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)  Nathan fell hurt wrist and hand						
•						
Note: If more space is needed	please use reverse side of form					
Injured Body Part – Specify Rig	tht for Left					
leg/foot	head/neck	_ears/nose/mouth/teeth				
knees	torso/back	internal				
shoulderX	_hand/arm	_other:				
WITNESSES:						
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Police Contacted: ye /no	Fire Contacted: ye 7no		Rescue contacted: yes/no			
Name:	Name:		Name			
Transported: yes no Transported to:						
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:						
Checked in periodically and after 30 minutes he was given ice.						
Staff in Change Ti-	C+-ff1 +*	n I				
Staff in Charge: Tia	Staff completing form: Tho	mas Baber	Time of event: 4:45p			
Demont Filad Day						
Report Filed By: Date: Time:						
Date/Time Received by Supervisor:						



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parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:			
	<u></u>		1 6/1///			
   Report should be submitt	ted to the Parks and Recr	eation Division Manager with	nin 24 hours			
Location Facility/ Program: 4	Phone:					
	Malg	110	Participants age:			
Name of Participant/Injured-Pa		Ma(d)	6			
Specific Area where the accide	nt/incident occurred:	Yypose Poo	-			
Parent/Guardian:		Phone Hills	T est diset			
TSac	ac Edwards	Phone (H): Phone (C):	Phone (W):			
Address:	ic Edu.	Thomas (o).	Zlp:			
Description of Accident/Incider	nt (What occurred? What was the	patron doing? Please be as specific as	possible.)			
He fell on his		stating				
, , , , , , , , , , , , , , , , , , , ,		A CONTRACTOR OF THE PARTY OF TH				
	,					
	•					
Note: If more space is needed p	please use reverse side of form	I				
			,			
Injured Body Part - Specify Righ						
	head/neck torsó/back	ears/nose/mouth/teeth	·			
	hand/arm (finger)	internal other M/// 51				
JIIVUIGG:	induction (miger)	- Other fully				
WITNESSES:						
Name: / hocil/	Address:	•	Phone:			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
(2)	A contracted					
Police Contacted: yes/16	Fire Contacted: yes/no		Rescue contacted: yestno			
Name:	Name:		Name			
Transported: yes/no Transported to:						
transported, yespho riansported to:						
		.•				
STAFF ACTION – Explain now staff responded including blood borne pathogen procedures followed:						
He was given a bag of ice.						
	<u> </u>					
	1 2- 1		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Staff in Charge:	Staff completing form:	lia	Time of event: 3!36 p			
hettln						
Report Filed By:		Date:	Time:			
Date/Time Received by Supervis	or: .					



## City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: .	DATE of Incident: 6/11/17			
PLEASE PRINT			0/11/1			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
	7een Centel		Phone:			
-	1. 11	. 1 10	Participants age:			
Name of Participant/Injured-Pa	arty: Ja, quan Ha	meins w Jame   Dai	1K5			
Specific Area where the accident/incident occurred:						
Down to Consultan		DI (III	T			
Parent/Guardian:		Phone (H): Phone (C):	Phone (W):			
Address:	<u> </u>	Phone (c);	Zlp:			
		•	1 c.p.			
Description of Accident/Incider	nt (What occurred? What was the ;	patron doing? Please be as specific as	possible.)			
Two boys St		pout an inhaler C				
Jyi'quan, 3/	apped James a	cross the face	(\$ a\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
241 4000		C1038 + 18 Tale	ans Iran			
I grickes t	hem out					
		•				
	,	,				
Note: If more space is needed	please use reverse side of form					
Injured Body Part – Specify Right or Left						
	head/neck torso/back	ears/nose/mouth/teeth Internal				
shoulder	hand/arm (finger)	other				
	removem (mean)	Other				
WITNESSES:						
Name: Dabi Na	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:						
I Kicked them out of the teen center, than Tim						
Kickes them out of the building						
Staff in Charge: Tick	Staff completing form:	abotas	Time of event:			
and the country of the	Joens completing forth.	or O / 130W	T time of event			
Report Filed By: Dascinh	2	Date: 6/11/17	Time:			
Date/Time Received by Supervisor:						