



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: Roller Skating		Phone:	
Name of Participant/Injured Party: Nathan Thomas		Participants age: 7	
Specific Area where the accident/incident occurred: Multi Purpose Room			
Parent/Guardian: Chadae Rush		Phone (H): 434-282-3657	Phone (W):
Address: 3919 Cove Garden Rd		Phone (C):	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 Right or Left			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	<input checked="" type="checkbox"/> hand/arm	other:	
WITNESSES:			
Name:	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:			
Checked in periodically and after 30 minutes he was given ice.			
Staff in Charge: Tia	Staff completing form: Thomas Baber	Time of event: 4:45p	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>ACCIDENT</u>	DATE of Incident: <u>6/1/11</u>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours		
Location Facility/ Program: <u>Skating</u>		Phone:
Name of Participant/Injured-Party: <u>Micah Edwards</u>		Participants age: <u>6</u>
Specific Area where the accident/incident occurred: <u>Mult Purpose Room</u>		
Parent/Guardian: <u>Isaac Edwards</u>	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.) <u>He fell on his wrist while skating</u>		
Note: if more space is needed please use reverse side of form		
Injured Body Part -- Specify Right or Left		
<u>leg/foot</u>	<u>head/neck</u>	<u>ears/nose/mouth/teeth</u>
<u>knees</u>	<u>torso/back</u>	<u>internal</u>
<u>shoulder</u>	<u>hand/arm (finger)</u>	<u>other Wrist</u>
WITNESSES:		
Name: <u>Cheryl</u>	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>
Name:	Name:	Name:
Transported: yes/ <u>no</u> Transported to:		
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed: <u>He was given a bag of ice.</u>		
Staff In Charge: <u>Tia</u>	Staff completing form: <u>Tia</u>	Time of event: <u>3:30 p</u>
Report Filed By:	Date:	Time:
Date/Time Received by Supervisor:		



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CIRCLE ONE: PLEASE PRINT	INCIDENT: <input checked="" type="checkbox"/>	ACCIDENT:	DATE of Incident: 6/11/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Teen Center		Phone:	
Name of Participant/Injured-Party: Jaiquan Hameins & Jamel Banks		Participants age:	
Specific Area where the accident/incident occurred:			
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.)			
Two boys starting arguing about an inhaler. One of them, Jaiquan, slapped Jamel across the face and then I kicked them out.			
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 type="checkbox"/> other	
WITNESSES:			
Name: Dabrina	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:			
I kicked them out of the teen center, then Tim kicked them out of the building			
Staff in Charge: Tia	Staff completing form: Dabrina	Time of event:	
Report Filed By: Dabrina J	Date: 6/11/17	Time:	
Date/Time Received by Supervisor:			