



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:	
FLEADE LUIMI		-	731/11	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: 🚱	COUP EX FOOM		Phone: 859-(40-/)58	
_			Participants age:	
Name of Participant/Injured-Pa		1.	60	
Specific Area where the accide	nt/incident occurred: Frank	leg		
Parent/Guardian:		Phone (H):	Phone (MA)	
Farenty Guardian.		Phone (C):	Phone (W):	
Address:			Zip:	
Description of Accident/Incide	nt (What occurred? What was the pa	tron doing? Please be as specific as	possible.)	
Was riding .	the cycle bike	and went fro	m Seated	
position to s	funding position		lid from	
	7000 1 0031 FION	473 707 5	11.0 +10 M	
Took Cert	MAS CUT UP HE	r leg.		
	,			
Note: If more space is needed	please use reverse side of form			
Injured Body Part – Specify Rig				
lef + (eg)foot	head/neck	_ears/nose/mouth/teeth		
knees	torso/back	internal		
shoulder	_hand/arm (finger)	_other		
WITNESSES: None	•			
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Police Contacted: yes/	Fire Contacted: yes/10)	,	Rescue contacted: yes(n)	
Name:	Name:		Name	
Transported: yes/no Transported to:				
STAFF ACTION Explain how staff responded including blood borne pathogen procedures followed:				
She was given ice some sterile wiper for the blood. I than				
proceeded to put on my glover and put on a gaute and and				
rolled gave for to the Jopen area.				
J				
Staff in Charge:	Staff completing form: Do	Ibrina Johnson	Time of event: 1:50	
Report Filed By: Dubrina		Date: 3/3 //1	Time: 3', 05	
Date/Time Received by Supervisor:				





CIRCLE ONE:	(INCIDENT:	ACCIDENT: .	DATE of Incident:	
PLEASE PRINT			3/27/2017	
		•		
Report should be submit	ted to the Parks and Recrea	ation Division Manager with	nin 24 hours	
Location Facility/ Program: (Carven		Phone:	
	Ġ		Participants age:	
Name of Participant/Injured-P	arty: Eric Hogen		<u> </u>	
Specific Area where the accide	ent/incident occurred:	-		
Carver Gym				
Parent/Guardian:	was all	Phone (H): \$33,609 2	Phone (W):	
Address: 2D Lough	reg 19100	Phone (C):	71	
Address. AD		•	Zip:	
Description of Accident/Incide	ent (What occurred? What was the page	atron doing? Please he as specific as	nassible)	
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shooting the	. postestant	TY CO SOUTH	, +0 bit.	
HUD'rithou	borns and	than Hon 6,	Kyle restrant	
Unic ond	cot him colm	down by ru	inhing and	
Shrotim boxk	other Chica forth	on was cilled	ord como.	
to take him	1- ~;			
to tote win	1010			
			,	
Note: If mare space is apaded	please use reverse side of form			
Note. If more space is needed	please use reverse side of form		,	
Injured Body Part - Specify Rig	ht or Left			
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees	torsó/back	Internal		
shoulder	_hand/arm (finger)	other		
•	,			
WITNESSES:				
Name: Ann Loughe		de Dave 22961	Phone: 823 5092	
Name: Kyle Thomas	Address: 212A TiP	tony Dave 22880	Phone: 757 329 3150	
Name: Name: Bob	Address:		Phone:	
Police Contacted: yes no	Fire Contacted: yes(no)		Rescue contacted: yes/no	
Name:	Name:		Name	
Transported: yes/no Transported to:				
	30,534 601		Ulifornia	
		. •		
STAFF ACTION — Explain how staff responded including blood borne pathogen procedures followed:				
stay called fother of participant and scrap Bech Participant				
was restaint	for a few m	mutes and the	or was told	
he coupt for-				
7 (51 a) Na`1 Q	hal a sa	la fi Rola		
Staff in Charge: 100 0	Staff completing form:	m use	Time of event: $4.3D$	
V V V V V V V V V V V V V V V V V V V	Rah :	· · · · · · · · · · · · · · · · · · ·		
Report Filed By: Cont	LUN .	Date: 3/87/36/7	Tlme: 4:42	





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:
PLEASE PRINT		** American de seguina de margina de america de desemble de la companya de la com	3/26/11
•			
Report should be submitt	ed to the Parks and Recrea	ition Division Manager with	nin 24 hours
Location Facility/ Program:	CARVOR	60	Phone:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		Participants age:
Name of Participant/Injured-Pa	rty: 17474 1894	t / L	l and a second
Specific Area where the accider		ohead	
	·		
Parent/Guardian:		Phone (H):	Phone (W):
LAnne Royer	-	Phone (C):	
Address:		1	Zip:
Description of Accident/Inciden	nt (What occurred? What was the pa	itron doing? Please be as specific as j	possible.)
	NICONIC NA	11060 = 10.V	
LIVI IN	MANNE MC		
tallen a	JO OUM	ded torer	HE JULY
I illith	x hitto	I WAST I	
			SORO INDIS
		H H H	KIK WAD
LA REC	MYNU OD.	<u>her</u> to	ore head
-1011791	•	The second of th	
Note: If more space is needed p	lease use reverse side of form		
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Injured Body Part – Specify Righ	nt or Left		
	head/neck	_ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm (finger)	other	
	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
WITNESSES:	DIN 19 A		
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:			
The state of the s			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
166 MOS 9,V	Co.		
Staff in Charge: \\(\)	Staff completing form:	ir MaS	Time of event: 🛴 🗥
U 13378		14 1 MA	
Report Filed By:		Date:	Time: (
Date/Time Received by Supervis	sor:		THE CO. S. CO.



parks & recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT: .	PATE of Incident:
PLEASE PRINT			MUY CM 24 ,2011
,			
Report should be submitt	ed to the Parks and Recrea	ition Division Manager with	nin 24 hours
Report should be submitted to the Parks and Recreation Division Manager with Location Facility/ Program: Carver Recreation Center			Phone: 970-3553
	1		Participants age:
Name of Participant/Injured-Pa	untrail Mhite	, , , , , , , , , , , , , , , , , , ,	1 2 month
Specific Area where the accide	nt/incident occurred: CM	mnasium	<u> </u>
openio i i ca i meta di cacaca	J. J	11 11 12 13 1 10 1 1	
Parent/Guardian:		Phone (H): O. T. T.	Phone (W):
Mara	Whate.	Phone (H): 917-538 Phone (C): 2-6.38	Thore (vv).
Address: 1536 Tyou	M Road to Cl	10 V A. +595	Zip: 22903
71441033. 19 00	1. ICOMO VII CA	ICJ, V IC	1 Zip. 22 103
Description of Accident/Incide	of (What occurred? What was the na	atron doing? Please be as specific as	nosrible)
Management of Ma	TE (What decarred? What was the pr	The state of the s	possine.j
rippea	ana bit in	to Mis lip.	
. ' ' '	,	•	-
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Note: If more space is needed	aleace use reverse side of form		
140te. Il filore space is fleeded	please use reverse side of form		
Injured Body Part – Specify Rig	ht or laft		·
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	_ears/nose/moutn/teetn internal	
shoulder			
snouldet	_hand/arm (finger)	_other	
WITNESSES: Mom			
			T-1
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//io Transported to:			
			·
	f responded including blood borne p	athogen procedures followed:	
obtained ice and paper towels.			
-no & direct staff action with the injured party			
		A	
Staff in Charge:	Staff completing form:	olita Bland	Time of event: 10:40am
The state of the s		B. C. Stranger	
Report Filed By: Dir	Bland	Date:	Time:
Date/Time Received by Supervi	sor.		1800





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 3/19/2017	
Report should be subm	itted to the Parks and Re	creation Division Manag	er within 24 hours	
Report should be submitted to the Parks and Recreation Division Manage Location Facility/Program: Carver/Basketball			Phone:	
Location Facility/Frogram. Carver/basketban			Participants age:	
Name of Participant/Injured P	arty: Titus Scott		12	
	nt/incident occurred: upstairs ha	allway		
Parent/Guardian: Natesha Barnes Phone (H): 4343314933 Phone (C):			Phone (W):	
Address: 1210 cherry ave			Zip: 22902	
	nt (What occurred? What was the p		as possible.)	
Got sick playing basketball wen	t to hallway and threw up in a tra	ash can.		
			•	
Note: If more space is needed	please use reverse side of form			
	-			
Injured Body Part – Specify Rig				
leg/foot head/neckears/nose/mouth/teeth				
knees				
shoulder	_hand/arm	_other:	-	
WITNESSES:				
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address: ntacted: yes/no Fire Contacted: yes/no		Phone:	
Police Contacted: yes/no	•		Rescue contacted: yes/no	
Name: Name: Name Transported: yes/ no Transported to:				
Transported, yesy no Transported to.				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
Called parent assisted aide requested water and comfort				
· · · · · · · · · · · · · · · · · · ·				
·				
Staff in Charge: T la	Staff completing form: Sha	quawn	Time of event: 4:31	
Report Filed By: Date: Time:				
Date/Time Received by Supervisor:				





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:	
PLEASE PRINT		<u> </u>	2-11, 201.(-	
		ition Division Manager with		
Location Facility/ Program: Carver			Phone:	
	71 . 1	N 21 - 2 - 1-	Participants aga:	
Name of Participant/Injured-Pa	irty: Theodore c	Hewart	1	
Specific Area where the accide	nt/incident occurred: Gyw			
	are the society	Phone (H)434-94-0051	Phone (W):	
Parent/Guardian: COOにかい	ey Slewart	Phone (H):-(39(-1111000 y	r Phone (W):	
Address VDA DOVE	place	Priorie (c):	Zip:	
Address: 120 Koy's	PILACE		Zip.	
Description of Accident/Incider	at (What occurred? What was the pa	atron doing? Please be as specific as _l	nossible.)	
			-1 . (11	
1 11 3	21 (32 (24)		play tell	
On More in a	E thisted man	ner	<u> </u>	
	- ·			
Note: If more space is needed	please use reverse side of form			
L. In in the state of the pile				
Injured Body Part – Specify Rig		and the analysis and blacks		
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees torso/back internal shoulder hand/arm (finger) other				
shouldel	_nand/ann (mger)	_other	and the second s	
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:				
Ashed if he w	Asked if he was other had him take a sear gave			
nim (x Cold Jaci)				
S. C. Ol	16,55	5.0 No.00	17	
Staff in Charge:	Staff completing form: \(\)	ma Mace	Time of event: 44.)	
Report Filed By:		Date:	Time:	
Date/Time Received by Superv	ISOT: .			





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:
PLEASE PRINT		3/10/17	9
		ation Division Manager with	
Location Facility/ Program: (Carvey .		Phone:
	. Audalia Sus	FL .	Participants age:
Name of Participant/Injured-Pa		17	
Specific Area where the accide	ntyincident occurred: (A)	<u>w</u>	
Barant/Guardian:		Phone (H):	Phone (W):
Parent/Guardian:		Phone (C): 31099581006	rnone (w).
Address: Who Parmula	lune or Char	Weille M	Zip: 2290)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTE LA	DIPS ON L	april of
Description of Accident/Incider	nt (What occurred? What was the p	atron doing? Please be as specific as j	possible.)
Fell and MIF	her elbow, reque		
rea con tar	va civo) (cgo	SICH TOU PLACE.	
		-	
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			•
 Note: If more space is needed	olease use reverse side of form		
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	ht or Left		
leg/foot	head/neck	_ears/nose/mouth/teeth	
knees	torso/back	Internal	
shoulder	hand/arm (finger)	other	
WITNESSES:			
Name: (() ()	Address:		Phone:
Name: Janoch	Address:		Phone:
Name: () () ()	Address:		Phone:
Police Contacted: yes (no	Fire Contacted: yes/no	·	Rescue contacted: yes/no
Name:	Name:		Name
Trumber Trumbe			
Transported: yes no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Provided the participant with ice.			
·			
0. (1) 0. (1)	c. cf. t.t. r		1.86
Staff in Charge: (MCY)	Staff completing form:	amaxi	Time of event: $7:06$
Report Filed By: OWO	/\ \	Date: 3/10/17	Time: 1:(5