



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 3/31/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Group Ex Room		Phone: 859-640-1258	
Name of Participant/Injured-Party: Liz Crotty		Participants age: 60	
Specific Area where the accident/incident occurred: front leg			
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.)			
Was riding the cycle bike and went from seated position to standing position and foot slid from foot rest and cut up her leg.			
Note: If more space is needed please use reverse side of form			
Injured Body Part -- Specify Right or Left			
left <input checked="" type="checkbox"/> leg/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/ <input checked="" type="checkbox"/>	Fire Contacted: yes/ <input checked="" type="checkbox"/>	Rescue contacted: yes/ <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: yes/ <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
She was given ice some sterile wipes for the blood. I then proceeded to put on my gloves and put on a gauze pad and called gauze on to the open area.			
Staff in Charge:	Staff completing form: Dabrina Johnson	Time of event: 2:50	
Report Filed By: Dabrina	Date: 3/31/17	Time: 3:05	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT		INCIDENT:		ACCIDENT:		DATE of Incident: 3/27/2017	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours							
Location Facility/ Program: Carver						Phone:	
Name of Participant/Injured-Party: Eric Hagen						Participants age: 21	
Specific Area where the accident/incident occurred: Carver Gym							
Parent/Guardian: Ann Loughrey Aisle				Phone (H): 823 5092		Phone (W):	
Address: 20				Phone (C):		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) Shooting the basketball then starting to hit Ann L. then Dorius and then April Kyle resistant Eric and got him calm down by running and shooting basketball Eric's father was called and came to take him home.							
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		hand/arm (finger)		other			
WITNESSES:							
Name: Ann Loughrey		Address: 2070 Lakeside Drive 22901		Phone: 823 5092			
Name: Kyle Thomas		Address: 212A Tiffany Drive 22930		Phone: 757 329 8150			
Name: April Bobb		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: Staff called father of participant and Sarah Blech. Participant was resistant for a few minutes and then was told he could run.							
Staff In Charge: April Bobb		Staff completing form: April Bobb			Time of event: 4:30		
Report Filed By: April Bobb				Date: 3/27/2017		Time: 4:42	
Date/Time Received by Supervisor:							



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	<u>ACCIDENT:</u>	DATE of Incident: 3/26/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver RPC</u>		Phone:	
Name of Participant/Injured-Party: <u>Avery Royer</u>		Participants age: <u>5</u>	
Specific Area where the accident/incident occurred: <u>forehead</u>			
Parent/Guardian: <u>Anne Royer</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>Girl in Minnie Mouse shirt had fallen and bumped foreheads with a little boy when she was getting up. There was a red mark on her forehead.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<u>leg/foot</u>	<input checked="" type="checkbox"/> <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</u>	
WITNESSES: <u>Krista McMullen</u>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no	Fire Contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no	Rescue contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no	
Name:	Name:	Name	
Transported: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: <u>ice was given</u>			
Staff in Charge: <u>Tina</u>	Staff completing form: <u>Thomas</u>	Time of event: <u>4:50</u>	
Report Filed By:	Date:	Time: <u>6</u>	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: March 24, 2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation center		Phone: 970-3053	
Name of Participant/Injured-Party: Virgil White		Participants age: 22 months	
Specific Area where the accident/incident occurred: gymnasium			
Parent/Guardian: Mara White		Phone (H): 917-538	Phone (W):
		Phone (C): 7595	
Address: 1536 Dairy Road W-CHO, VA		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Tripped and bit into his lip.			
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: Mom			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input type="radio"/> no	Fire Contacted: yes/ <input type="radio"/> no	Rescue contacted: yes/ <input type="radio"/> no	
Name:	Name:	Name:	
Transported: yes/ <input type="radio"/> no Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
obtained ice and paper towels			
- no direct staff action with the injured party			
Staff in Charge:	Staff completing form: Lolita Bland	Time of event: 10:40am	
Report Filed By: Lolita Bland	Date:	Time:	
Date/Time Received by Supervisor:			







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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 3-17-2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver		Phone:	
Name of Participant/Injured-Party: Theodore Stewart		Participants age: 17	
Specific Area where the accident/incident occurred: Gym			
Parent/Guardian: Courtney Stewart		Phone (H): 434-991-0056	Phone (W):
Address: 120 Boy's Place		Phone (C):	
		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Playing basketball collided with another play fell on knee in a twisted manner			
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	
right knees	torso/back	internal	
shoulder	hand/arm (finger)	other	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="radio"/>	Fire Contacted: yes/no <input checked="" type="radio"/>	Rescue contacted: yes/no <input checked="" type="radio"/>	
Name:	Name:	Name:	
Transported: yes/no Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
Asked if he was okay had him take a seat gave him a cold pack			
Staff in Charge:	Staff completing form: Maria Pace	Time of event: 445	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: 3/10/17	DATE of Incident:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver		Phone:	
Name of Participant/Injured-Party: Aydin Swift		Participants age: 10	
Specific Area where the accident/incident occurred: elbow			
Parent/Guardian: Andrice Swift		Phone (H):	Phone (W):
Address: 1050 Sandstone Dr Charlottesville VA		Phone (C): 3109958606	Zip: 22901
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Fell and hit her elbow, requested ice pack.			
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	hand/arm (finger)	other	
WITNESSES:			
Name: <del>Cheryl</del>	Address:	Phone:	
Name: Jamari	Address:	Phone:	
Name: Cheryl	Address:	Phone:	
Police Contacted: yes/no (no)	Fire Contacted: yes/no (no)	Rescue contacted: yes/no (no)	
Name:	Name:	Name:	
Transported: yes/no (no) Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
provided the participant with ice.			
Staff In Charge: Cheryl	Staff completing form: Jamari	Time of event: 7:06	
Report Filed By: Jamari	Date: 3/10/17	Time: 7:15	
Date/Time Received by Supervisor:			