

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of incident:
•			1 1110 0
Report should be subm	itted to the Parks and Re	ecreation Division Mana	ger within 24 hours
Location Facility/ Program: \	( MA ACA		Phone:
NI	Party: Shana St	201100 Land	Participants age:
Name of Participant/Injured	Party: JYJUYJU SI	YUMMUT	
Specific Area where the accid	lent/incident occurred: V_(	ollerskating	
Parent/Guardian:		Phone (H):	51 500
		Phone (F):	Phone (W):
Address:	-	) Thorac (c).	Zlp:
Description of Accident/Incid	ent (What occurred? What was	the patron doing? Please be as:	specific as possible.)
Fell and 10	incled on lef	Form 7	
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Note: If more space is needed	l please use reverse side of fo	ırm	
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Injured Body Part - Specify Rig		·	
leg/foot	head/neck	ears/nose/mouth/teet	th ·
knees	_torso/back	internal	
shoulder V	hand/arm (finger)	other	
WITNESSES:	·		•
Name: \(\h\mathrea{\gamma}\colon \rightarrow \colon	Address:		
Name: GOORIAN	Address:	•	Phone:
Name: ( Nevil	Address:		Phone:
	Audi C33.		Phone:
Police Contacted: yes no	Fire Contacted: yes no	•	Bassis contacted years
Name:	Name:		Rescue contacted: yes/no
Transported: yes no Transp	ported to:		THE
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STAFF ACTION — Explain how staf	If responded including blood bor	ne pathogen procedures followe	ed:
GOING ICE DUCK.	1		
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Staff in Charge: N Pr	Staff completing form:	10.01.1	
AUGH AT CHARGE WITH	Statt comblemit tottite	AMM IN KI	Time of event: 5:40
Report Filed By: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A	Date: 1/4/8	1
Date/Time Received by Supervi	sor	Date:     14   8	Time: 5:45



CIRCLE ONE:	INCIDENT: .	ACCIDENT:	DATE of Incident:
PLEASE PRINT			1/14/18.
Report should be submit	ted to the Parks and Re	creation Division Manager with	nin 24 hours
Location Facility/ Program:	ALACK		Phone: 412-526-4922
Name of the state	Nanila Abill	10	Participants age:
Name of Participant/Injured-Pa	inty: NOOH COMM		
Specific Area where the accide	nt/incident occurred: (0)	1812 Koding	,
Parent/Guardian:	(A	j	
MERA		Phone (H): 412 - 52 (p -	Phone (W):
Address: 334151108	10CKSON CH-	Phone (C): 4922	71
214.5:	J	•	Zlp: · ·
Description of Accident/Incide	nt (What occurred? What was t	he patron doing? Please be as specific as	posriblo )
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Injured Body Part – Specify Righ	ıtor Left		•
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	torsó/back	Internal	
shoulder	hand/arm (finger)	other	
WITNESSES:			
Name: ) (AYY) (A	Address:		Phone:
Name: (North	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes/no	Fire Contacted: yes/no)		-
Name:	Name:		Rescue contacted: yes/no
	NGILE.		Name
Transported: yes/no Transpo	rted to:	•	· ,, i
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STAFF ACTION — Explain how staff	responded including blood born	e pathogen procedures followed:	
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1, ")	<u> </u>		CONTRACT OF THE STATE OF THE ST
——————————————————————————————————————	1	1	
Staff In Charge:	Staff completing form:	DOMAKI	Time of event: 2:000
Page 1 Pa			
Report Filed By: ) // Mari		Date: 1/14/18	Time: (50)
Date/Time Received by Superviso	or:		3. 14pm.



CIRCLE ONE:	INCIDENT: .	ACCIDENT: .	DATE of Incident:
PLEASE PRINT			11418 .
Report should be submit	ted to the Parks and Recrea	ation Division Manager with	nin 24 hours
Location Facility/ Program:	CARVER	direct mare interest to receive the second	Phone: 42-520-4722
_			Participants age:
Name of Participant/Injured-Participant			- Company
Specific Area where the accide	ent/incident occurred: KONICK!	skating	
Parent/Guardian: (\)		101 101 101 101	T
Parenty Sudi Grant	Mill	Phone (H): 412 -62 17 - 43 22	Phone (W):
Address: 27015105	Jackson ct.	Phone (C): 4922	Zip:
7.100		-	
Description of Accident/Incide	nt (What occurred? What was the pa		possible.)
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his shins with	MIS YOURKSKATES.	The state of the s	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Injured Body Part - Specify Rigi	htorieft (RNK)		•
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knees	torsó/back	internal	
shoulder	hand/arm (finger)	other	/
WITNESSES:	•		V
Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Address:		
Name: W/V	Address:		Phone:
Name:	Address:		Phone:
, , , , , , , , , , , , , , , , , , , ,	1 the state of the		Pnone:
Police Contacted: yes/no	Fire Contacted: yes/no	,	Rescue contacted: yes/no
Name:	Name:		Name ,
Transported: yes/no Transpo	orted to:		• • •
STAFF ACTION — Explain how staff	fresponded including blood borne pa	thoran procedures followed:	
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	315.18 .		
- FF: 01 11 A			
Staff in Charge: A	Staff completing form:	Mari	Time of event: $Q.10p$
Report Filed By: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Comment 1.
Report Filed By: \\\(\lambda\)\(\		Date:	Time: 5-91-110





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE:
Report should be subm	itted to the Parks and Re	creation Division Manag	er within 24 hours
	MVV2Y		Phone:
Name of Participant/Injured P Specific Area where the accide		ILINS EKOTIMA	Participants age:
Parent/Guardian:		Phone (H): Phone (C):	Phone (W):
Address:			Zip:
Description of Accident/Incide		patron doing? Please be as specific a	s possible.)
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Injured Body Part – Specify Rig			
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knees	torso/back	internal	
shoulder /	_hand/arm	_other:	
WITNESSES:			
Name:	Address:		Phone:
Name: Chery	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes no	Fire Contacted: yes/no		Rescue contacted: yes/no /
Name:	Name:		Name
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STAFF ACTION – Explain how sta	ff responded including blood borne	pathogen procedures followed:	
FORVE ICE	,	1 O-11 Linearing and Indiana	
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Staff in Charge: N	Staff completing form:	ameri	Time of event: 3 300
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Report Filed By:		Date: 기계 1%	Time: 3.50 <sub>€</sub>
Date/Time Received by Superv	isor:		r



CIRCLE ONE:	INCIDENT:		
PLEASE PRINT	Child hast touth	ACCIDENT: .	DATE of Incident:
The state of the s	Child heat touth		1.11,2018
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Report should be submit	ted to the Parks and Recreati	on Division Manager wit	thin 24 hours
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050/1			
Name of Participant/Injured-P	arty: /e//	GARCIA	Participants age:
Specific Area where the accide	ent/incident occurred:	CARCIA	Lo
Parent/Guardian:	/	Phone (H):	Dhone MAN
Gabine Line		Phone (E):	Phone (W):
Address is in		200	71- 2-0
Realis	11		Zip: 22947
Description of Accident/incide	nt (What occurred? What was the patro	n doing? Please he as specific as	
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baby (bu	- sec- 12 month	13	2018
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