



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: ✓	DATE of Incident: 12/23/16
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>Jonathan Rogers</u>		Participants age: <u>9</u>	
Specific Area where the accident/incident occurred: <u>Carter Rec, multi-purpose room</u>			
Parent/Guardian: <u>Sam Rogers</u>		Phone (H): <u>540 570</u>	Phone (W):
Address: <u>830 Raccoon Rd Scottsville</u>		Phone (C): <u>0072</u>	Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Playing tag, fell and other person</u>			
<u>rolled over fingers and he ran into</u>			
<u>wall. CHILD HIT HIS HEAD (LEFT) AGAINST</u>			
<u>BRICK WALL.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
leg/foot	<input checked="" type="checkbox"/>	head/neck <u>(LEFT)</u>	ears/nose/mouth/teeth
knees	<input type="checkbox"/>	torso/back	internal
shoulder	<input checked="" type="checkbox"/>	hand/arm (finger) <u>(LEFT)</u>	other
WITNESSES:			
Name: <u>Rhona</u>	Address: <u>7027 Secretary Sand</u>		Phone: <u>6</u>
Name: <u>Chrispin</u>	Address: <u>Rd Schuyler VA</u>		Phone:
Name:	Address: <u>22969</u>		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:			
<u>APPLIED ICE WRAPPED IN PAPER TOWEL FOR CHILD</u>			
<u>TO HOLD</u>			
Staff in Charge: <u>CHERYL</u>	Staff completing form: <u>CHERYL BROOKS-DAVIS</u>	Time of event: <u>7:20</u>	
Report Filed By: <u>CHERYL BROOKS-DAVIS</u>	Date: <u>12/23/16</u>	Time: <u>7:25</u>	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 12/02/2016
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER ~ SKATING		Phone:	
Name of Participant/Injured-Party: Jose Wagsalazar		Participants age: 7	
Specific Area where the accident/incident occurred:			
Parent/Guardian: Kalli Sawyer		Phone (H): 4349021193	Phone (W):
Address: 417 Arbor Circle CVille		Phone (C):	Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
THREE KIDS SKATING IN CIRCLE AND FELL. JOSE MIGHT HAVE BEEN HIT BY A SKATE DURING THE FALL. MOM TOOK CHILD INTO BATHROOM TO CLEAN CHILD'S FACE. I NOTICED BLOOD ON CHILD'S NOSE. KALLI SAWYER AND WENT TO GET BBP KIT AND RED BAG.			
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	BLOODY NOSE
<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: AMYA LEWIS	Address: SCARBOROUGH PLACE (CHILD)		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:			
PLACED BLOODY PAPER TOWELS IN RED BAG. PLACED BAG IN RED BIN!			
Staff in Charge: BROOKS-DAVIS			
Staff completing form: CHERYL BROOKS-DAVIS		Time of event: 7:15P	
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 12/13/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: B-ball		Phone:	
Name of Participant/Injured Party: Eliot Stevenson		Participants age: 15	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Donald Stevenson		Phone (H):	Phone (W):
Address:		Phone (C): 734-166-2581	
		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
While Eliot was playing b-ball he fell & his ankle cracked. He quickly called his dad who arrived a few minutes later. When asked if he wanted me to call rescue, his father stated he would take care of it.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<input checked="" type="checkbox"/> leg/foot	head/neck	ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm (finger)	<input checked="" type="checkbox"/> other ankle	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="radio"/> no	Fire Contacted: yes/ <input checked="" type="radio"/> no	Rescue contacted: yes/ <input checked="" type="radio"/> no	
Name:	Name:	Name:	
Transported: yes/ <input checked="" type="radio"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Grabbed him a bag of ice & had him sit on the couch.			
Staff in Charge: Tia	Staff completing form: Tia	Time of event: 8:55p	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 12/18/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Carver Ice</i>		Phone:	
Name of Participant/Injured-Party: <i>Jacob Strunkauf</i>		Participants age: <i>7</i>	
Specific Area where the accident/incident occurred: <i>Downstairs area</i>			
Parent/Guardian: <i>Shana Strunkauf</i>		Phone (H):	Phone (W):
Address: <i>1900 State Mill Branch Rd, Charlottesville VA</i>		Phone (C): <i>434 953 4091</i>	Zip: <i>22903</i>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>Fall while skating, landed on Right elbow.</i>			
<i>He stated that his skates went together + he fell.</i>			
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 checked="" type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="checkbox"/> no	Fire Contacted: yes/ <input checked="" type="checkbox"/> no	Rescue contacted: yes/ <input checked="" type="checkbox"/> no	
Name:	Name:	Name	
Transported: yes/ <input checked="" type="checkbox"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<i>Cheryl gave some ice</i>			
Staff in Charge: <i>Cheryl</i>	Staff completing form: <i>Cheryl</i>	Time of event: <i>2:00p</i>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			