



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: XXX	ACCIDENT	DATE of Incident: <b>07/24/2016</b>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <b>Carver Recreation Center</b>		Phone:	
Name of Participant/Injured Party: <b>Cordonte Horton</b>		Participant age:	
Specific Area where the accident/incident occurred: <b>Gymnasium and Hallway</b>			
Parent/Guardian:		Phone (H):	Phone (W):
Address:			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p><b>This is a follow-up from the previous report done on July 24<sup>th</sup>. I contact the Police Department this morning so we could file a report regarding Cordonte Horton threatening to come back to Carver and shoot everyone. Officer Sorokti, Badge #68 came and received all the information we had and watched the video from Sunday. We will be barring Cordonte from ALL Parks and Recreation Facilities. Kylie tried to reach out to the mom but was unable to do so. We will be sending a letter to the address we have on file. Officer Sorokti said if we can't get in touch with Cordonte and/or his Mom they can try and serve the debarment papers.</b></p>			
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	_____ other _____	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/ no	Rescue contacted: yes/ no	
Name: <b>Officer Sorokti, #68</b>	Name:	Name:	
Transported: yes no    Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<b>See above. The Police Report # is: C2016-34469</b>			
Staff in Charge: <b>Nancy &amp; Kylie</b>		Staff completing form: <b>Nancy Burney</b>	Time of event:
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: X	ACCIDENT	DATE of Incident: 07/24/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Open Gym		Phone:	
Name of Participant/Injured Party: Cordante Herndon <sup>Horton</sup>		Participants age: 17	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Kevin Smith		Phone (H): Phone (C): 703-351-4147	Phone (W):
Address: 1222 D Smith St.		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
As I approached the gym I heard Cordante arguing with Avery, but Cordante quickly tried to fight Avery and started cussing him along with everyone in the gym. Cordante then took a swing trying to punch Avery as he was exiting the gym. He then walked down the stairs cursing and saying he wanted to shoot everyone.			
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	other	
WITNESSES:			
Name: Avery Watkins	Address:	Phone:	
Name: Mike Monroe	Address:	Phone:	
Name: Kevin Smith	Address:	Phone: 703-351-4147	
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: I checked with the patron to see if she wanted me to call the rescue squad. I asked the patron a few questions to make sure wasn't disoriented and made sure she did not have any signs of a concussion.			
Immediately broke up argument and assisted Mr. Smith with removing Cordante, then asked all other patrons were they ok from the incident.			
Staff in Charge: Mike Brown		Staff completing form: Mike Brown	
		Time of event: 4:05 pm	



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT:	ACCIDENT Banged Knee	DATE of Incident: 7/28/2016
<b>Report should be submitted to the Parks and Recreation Division Manager within 24 hours</b>			
Location Facility/ Program: Gym		Phone:	
Name of Participant/Injured Party: Jonathan Asbury		Participants age: 36	
Specific Area where the accident/incident occurred:			
Parent/Guardian: N/A		Phone (H): 757-297-6993	Phone (W): 434-956-2435
		Phone (C):	
Address:			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Left knee popped out of place while playing volleyball and then he fell to the floor			
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	
_____ left knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	_____ other	
WITNESSES: team members			
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: I checked with the patron to see if she wanted me to call the rescue squad. I asked the patron a few questions to make sure wasn't disoriented and made sure she did not have any signs of a concussion.			
Gave him ice, filled out report advised that if the pain continued he may want to go to the doctor			
Staff in Charge:	Staff completing form: Dan McGlughlin	Time of event: 7:30	
Report Filed By:	Date: 7/28/16	Time: 7:30	
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>ACCIDENT</u> <u>Damaged knee</u>	DATE of Incident: <u>7/28/16</u>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours		
Location Facility/ Program: <u>Carver upstairs Gym 7:20 PM</u>		Phone:
Name of Participant/Injured Party: <u>Jonathan Ashley</u>		Participants age: <u>36</u>
Specific Area where the accident/incident occurred: <u>left knee</u>		
Parent/Guardian:	Phone (H): Phone (C): <u>757-271-6998</u>	Phone (W): <u>434-956-2435</u>
Address:		Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <u>left knee popped out as I fell to the ground</u>		
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	<input type="checkbox"/> head/neck	<input type="checkbox"/> ears/nose/mouth/teeth
<input checked="" 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: <u>team members</u>		
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: <u>Got Doc called out report Advised to contact w/ warden to see doctor</u>		
Staff in Charge: <u>Dan McLoughlin</u>	Staff completing form: <u>Dan McLoughlin</u>	Time of event:
Report Filed By: <u>D</u>	Date: <u>7/28/16</u>	Time: <u>7:30</u>
Date/Time Received by Supervisor:		



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <b>X</b>	ACCIDENT:	DATE of Incident: <b>7/24/16</b>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <b>CLAUDE OPEN GYM</b>		Phone:	
Name of Participant/Injured Party: <b>CORDANTE HEENDON</b>		Participants age: <b>17</b>	
Specific Area where the accident/incident occurred: <b>GYMNASIUM</b>			
Parent/Guardian: <b>Kevin Smith</b>		Phone (H):	Phone (W):
		Phone (C): <b>703 351 4147</b>	
Address: <b>1222 D SMITH ST</b>		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>AS I APPROACHED THE GYM I HEARD CORDANTE ARGUING WITH AVERY, BUT CORDANTE QUICKLY TRIED TO FIGHT AVERY AND STARTED CURSING HIM ALONG WITH EVERYONE IN THE GYM. CORDANTE THEN TOOK A SWING TRYING TO PUNCH AVERY AS HE WAS EXITING THE GYM. HE THEN WALKED DOWN THE STAIRS CURSING AND SAYING HE WANTED TO SHOOT EVERYONE</p>			
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: <b>AVERY WALKINS</b>	Address:	Phone:	
Name: <b>MIKE BROWN</b>	Address:	Phone:	
Name: <b>Kevin Smith</b>	Address:	Phone: <b>703 351-4147</b>	
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:			
<p>Immediately broke up argument and assisted MR-SMITH WITH REMOVING CORDANTE, THEN ASKED ALL OTHER PATRONS WERE THEY OK FROM INCIDENT</p>			
Staff in Charge: <b>Mike Brown</b>	Staff completing form: <b>Mike Brown</b>	Time of event: <b>4:25</b>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: X	ACCIDENT	DATE of Incident: 07/24/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Open Gym		Phone:	
Name of Participant/Injured Party: Cordante Herndon		Participants age: 17	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Kevin Smith		Phone (H):	Phone (W):
		Phone (C): 703-351-4147	
Address: 1222 D Smith St.			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
As I approached the gym I heard Cordante arguing with Avery, but Cordante quickly tried to fight Avery and started cussing him along with everyone in the gym. Cordante then took a swing trying to punch Avery as he was exiting the gym. He then walked down the stairs cursing and saying he wanted to shoot everyone.			
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	other	
WITNESSES:			
Name: Avery Watkins	Address:	Phone:	434-970-3271
Name: Mike Monroe	Address:	Phone:	
Name: Kevin Smith	Address:	Phone:	703-351-4147
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: I checked with the patron to see if she wanted me to call the rescue squad. I asked the patron a few questions to make sure wasn't disoriented and made sure she did not have any signs of a concussion.			
Immediately broke up argument and assisted Mr. Smith with removing Cordante, then asked all other patrons were they ok from the incident.			
Staff in Charge: Mike Brown	Staff completing form: Mike Brown	Time of event: 4:05 pm	



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



Report Filed By:	Date:	Time:
Date/Time Received by Supervisor:		



**City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT**



CIRCLE ONE:	INCIDENT: Fight	ACCIDENT	DATE of Incident: 7/16/16
<b>Report should be submitted to the Parks and Recreation Division Manager within 24 hours</b>			
Location Facility/ Program: Carver Recreation Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Tevon Reid/TJ Mills		Participants age: Both 12 years old	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Patricie Reid (Tevon's mother)		Phone (H):	Phone (W):
		Phone (C): 434-409-0856	
Address: 707 C SE 6 <sup>th</sup> St, Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>Tevon and TJ were seen on camera Gym 2 at 16:25:30 playing a one-on-one basketball game when TJ tried to get the ball from Tevon, which resulted in his arm accidentally getting near Tevon's face (it cannot be seen on the camera if his arm makes contact with Tevon's head). They continued to play until Tevon sat on the bench with other kids. TJ shot by himself before being seen coming over and talked to the kids on the bench. At 16:26:27, Tevon got up and slapped TJ in the face. TJ swung back and then Tevon grabbed him around the knees and wrestled him to the floor. They rolled back and forth with Tevon mostly on top of TJ. The other kids separated them, TJ tried to hold on to Tevon, who upon being separated tried to kick TJ (unsuccessfully). TJ walked over to get his stuff from under then bench and Tevon bounced his ball while walking out. Katherine (Carver staff) tried talking to Tevon before he left the gym, but he kept walking. She was able to talk to TJ, who stayed with Katherine while she, Heidi, and Bill went out to talk to the kids. When we were outside, Tevon insisted he didn't give a f*ck over and over. Katherine told them that he did not need to be disrespectful and that we just wanted to understand what happened. She advised Tevon that he would be suspended. We also advised all the kids that there are cameras in the gym and that we would be reviewing them and that it would be best for them to tell us what happened so we could represent their side. TJ did not seem to know what he did wrong and Tevon just said he would not let [TJ] play him like that.</p>			
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	_____ x	_____ other _____ Left eye/cheekbone
WITNESSES:			
Name: Katherine Grooms	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported: no    Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<p>Katherine called on the radio for assistance and both Heidi and Bill headed to the gym. Katherine tried to talk to Tevon, who was rude and unresponsive. All three staff members went outside to talk to the kids once it was established who was involved. Katherine took the lead since she was the most informed about the situation and proceeded to talk to Tevon and TJ. She politely asked them to be respectful and tell us what had happened. Once back inside, Katherine asked TJ if he was okay or needed ice, which he refused. Heidi asked if he called a parent, which he said he did. There was no need for BBP.</p>			





City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



Staff in Charge: Heidi Wootten-Douglas	Staff completing form: Heidi Wootten-Douglas	Time of event: 4:26pm
Report Filed By:	Date:	Time:
Date/Time Received by Supervisor:		

City of Charlottesville  
Department of Parks and Recreation  
Carver Recreation Center  
233 4<sup>th</sup> St. NW, Box B  
Charlottesville, Virginia 22903  
434-970-3053



July 19, 2016

Dear Ms. Reid,

This letter is to inform you that Tevon Reid has been suspended from the Carver Recreation Center until October 16, 2016. The reason for his suspension is that on Tuesday, July 16, 2016 TJ was involved in a physical altercation with another young man in the gymnasium.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons at all Charlottesville Parks & Recreation facilities.

Please keep in mind that if anyone is suspended from one facility they are suspended from ALL Parks & Recreation facilities.

Please call me at 434-970-3622 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Burney", written in a cursive style.

Nancy Burney  
Carver Recreation Center Assistant Manager  
Charlottesville Parks and Recreation



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: Fight	ACCIDENT	DATE of Incident: 7/16/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Tevon Reid/TJ Mills		Participants age: Both are 12	
Specific Area where the accident/incident occurred: Basketball Gymnasium			
Parent/Guardian: Jamie Wilberger (TJ's mom)		Phone (H):	Phone (W):
		Phone (C): 434-882-0855	
Address: 690 Woodburn Ct 9-A, Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>*As written by Katherine* Tevon and TJ were playing a brief one on one with each other as the others (students) were sitting on the bench. Tevon had stopped playing and sat down with the others and TJ continued to shoot a few by himself. TJ had stopped for a moment and was talking to the guys on the bench. Tevon gets up and steps over by TJ and slaps him in the face (Please reference camera Gym 2 at 16:26:26). I had noticed that the boys were on the floor, but I assumed they were trying to recover the ball from one another. Once I realized that they were actually fighting, I called for assistance on the radio (Bill and Heidi were there in an instant), and walked down to the other end of the gym to find out what had happened. The boys on the bench had pulled them apart by the time I had walked down the other end of the gym. I tried to stop Tevon to ask him what happened and his response was "I am not going to let him play me like that". Tevon continued to walk away as I asked him not to walk away. Heidi asked me what happened and I explained and pointed out the two that had gotten into the fight. I will have to say (not in TJ's defense), but he stayed beside me and walked outside with me until I could ask him what happened. TJ admitted that Tevon had slapped him for no reason. As we proceeded outside after Tevon, I called for Tevon and said, "If you continue to walk away, without coming back to explain to me why you found the need to fight, I will recommend an automatic suspension for you." He did turn around to come back to me, but the entire conversation from his mouth was "I don't give a f*ck" over and over. I know he repeated that at least two or three times. He cared not to explain and bounced his basketball and himself down the stairs of the parking garage. As he walked away, I advised him that we had the camera to review. Some of the other guys stated they wanted to see the camera also. I advised them the camera was for employee usage only. I was able to at that moment, after dealing with Tevon, to ask TJ if he was ok because one of the guys said his eye looked red and maybe swollen. I did ask TJ if he was okay and he said he was good. I asked if he would like a bag of ice for the eye and he said he was good. I also asked him if he could tell me what happened and he stated that Tevon had slapped him for no reason and that's why the fight started. Heidi and I reviewed the camera and felt Tevon may have gotten upset somewhere during their one on one together.</p>			
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	_____ X _____ other _____ Left eye/cheekbone	
WITNESSES:			
Name: Heidi Wootten-Douglas and Bill Clark were outside with Katherine	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



Transported: no    Transported to: _____		
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Detailed in report above. No BBP necessary.		
Staff in Charge: Heidi Wootten-Douglas (MOD)/Katherine Grooms (gymnasium)	Staff completing form: Katherine Grooms (original) Heidi (typed)	Time of event: 4:26pm
Report Filed By:	Date:	Time:
Date/Time Received by Supervisor:		

City of Charlottesville  
Department of Parks and Recreation  
Carver Recreation Center  
233 4<sup>th</sup> St. NW, Box B  
Charlottesville, Virginia 22903  
434-970-3053



July 19, 2016

Dear Ms. Wilberger,

This letter is to inform you that TJ Mills has been suspended from the Carver Recreation Center until October 16, 2016. The reason for his suspension is that on Tuesday, July 16, 2016 TJ was involved in a physical altercation with another young man in the gymnasium.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons at all Charlottesville Parks & Recreation facilities.

Please keep in mind that if anyone is suspended from one facility they are suspended from ALL Parks & Recreation facilities.

Please call me at 434-970-3622 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Burney", written in a cursive style.

Nancy Burney  
Carver Recreation Center Assistant Manager  
Charlottesville Parks and Recreation



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: Fight	ACCIDENT	DATE of Incident: 7/16/16
<b>Report should be submitted to the Parks and Recreation Division Manager within 24 hours</b>			
Location Facility/ Program: Carver Recreation Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Tevon Reid/TJ Mills		Participants age: Both 12 years old	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Patricie Reid (Tevon's mother)		Phone (H):	Phone (W):
		Phone (C): 434-409-0856	
Address: 707 C SE 6 <sup>th</sup> St, Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>Tevon and TJ were seen on camera Gym 2 at 16:25:30 playing a one-on-one basketball game when TJ tried to get the ball from Tevon, which resulted in his arm accidentally getting near Tevon's face (it cannot be seen on the camera if his arm makes contact with Tevon's head). They continued to play until Tevon sat on the bench with other kids. TJ shot by himself before being seen coming over and talked to the kids on the bench. At 16:26:27, Tevon got up and slapped TJ in the face. TJ swung back and then Tevon grabbed him around the knees and wrestled him to the floor. They rolled back and forth with Tevon mostly on top of TJ. The other kids separated them, TJ tried to hold on to Tevon, who upon being separated tried to kick TJ (unsuccessfully). TJ walked over to get his stuff from under then bench and Tevon bounced his ball while walking out. Katherine (Carver staff) tried talking to Tevon before he left the gym, but he kept walking. She was able to talk to TJ, who stayed with Katherine while she, Heidi, and Bill went out to talk to the kids. When we were outside, Tevon insisted he didn't give a f*ck over and over. Katherine told them that he did not need to be disrespectful and that we just wanted to understand what happened. She advised Tevon that he would be suspended. We also advised all the kids that there are cameras in the gym and that we would be reviewing them and that it would be best for them to tell us what happened so we could represent their side. TJ did not seem to know what he did wrong and Tevon just said he would not let [TJ] play him like that.</p>			
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	_____ x other	_____ Left eye/cheekbone
WITNESSES:			
Name: Katherine Grooms	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported: no    Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
<p>Katherine called on the radio for assistance and both Heidi and Bill headed to the gym. Katherine tried to talk to Tevon, who was rude and unresponsive. All three staff members went outside to talk to the kids once it was established who was involved. Katherine took the lead since she was the most informed about the situation and proceeded to talk to Tevon and TJ. She politely asked them to be respectful and tell us what had happened. Once back inside, Katherine asked TJ if he was okay or needed ice, which he refused. Heidi asked if he called a parent, which he said he did. There was no need for BBP.</p>			



**City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT**



CIRCLE ONE:	INCIDENT: Fight	ACCIDENT	DATE of Incident: 7/16/16
<b>Report should be submitted to the Parks and Recreation Division Manager within 24 hours</b>			
Location Facility/ Program: Carver Recreation Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Tevon Reid/TJ Mills		Participants age: Both are 12	
Specific Area where the accident/incident occurred: Basketball Gymnasium			
Parent/Guardian: Jamie Wilberger (TJ's mom)		Phone (H):	Phone (W):
		Phone (C): 434-882-0855	
Address: 690 Woodburn Ct 9-A, Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>*As written by Katherine* Tevon and TJ were playing a brief one on one with each other as the others (students) were sitting on the bench. Tevon had stopped playing and sat down with the others and TJ continued to shoot a few by himself. TJ had stopped for a moment and was talking to the guys on the bench. Tevon gets up and steps over by TJ and slaps him in the face (Please reference camera Gym 2 at 16:26:26). I had noticed that the boys were on the floor, but I assumed they were trying to recover the ball from one another. Once I realized that they were actually fighting, I called for assistance on the radio (Bill and Heidi were there in an instant), and walked down to the other end of the gym to find out what had happened. The boys on the bench had pulled them apart by the time I had walked down the other end of the gym. I tried to stop Tevon to ask him what happened and his response was "I am not going to let him play me like that". Tevon continued to walk away as I asked him not to walk away. Heidi asked me what happened and I explained and pointed out the two that had gotten into the fight. I will have to say (not in TJ's defense), but he stayed beside me and walked outside with me until I could ask him what happened. TJ admitted that Tevon had slapped him for no reason. As we proceeded outside after Tevon, I called for Tevon and said, "If you continue to walk away, without coming back to explain to me why you found the need to fight, I will recommend an automatic suspension for you." He did turn around to come back to me, but the entire conversation from his mouth was "I don't give a f*ck" over and over. I know he repeated that at least two or three times. He cared not to explain and bounced his basketball and himself down the stairs of the parking garage. As he walked away, I advised him that we had the camera to review. Some of the other guys stated they wanted to see the camera also. I advised them the camera was for employee usage only. I was able to at that moment, after dealing with Tevon, to ask TJ if he was ok because one of the guys said his eye looked red and maybe swollen. I did ask TJ if he was okay and he said he was good. I asked if he would like a bag of ice for the eye and he said he was good. I also asked him if he could tell me what happened and he stated that Tevon had slapped him for no reason and that's why the fight started. Heidi and I reviewed the camera and felt Tevon may have gotten upset somewhere during their one on one together.</p>			
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	X	other Left eye/cheekbone
WITNESSES:			
Name: Heidi Wootten-Douglas and Bill Clark were outside with Katherine	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE  
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT: <i>Fight @ 4:30</i>	ACCIDENT: _____	DATE of Incident: <i>7-16-16</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>GYM</i>		Phone: <i>434.970.3093</i>	
Name of Participant/Injured Party: <i>Terra Reid</i> & <i>T.J. Mills</i>		Participants age: <i>Both 12 years</i>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <i>Jamie Wilhager</i> ( <i>T.J. Mills</i> )		Phone (H): <i>---</i>	Phone (W): _____
Address: <i>640 Woodburn Court 9-A</i> <i>Charlottesville, VA 22901</i>		Phone (C): <i>434.553.0563</i>	Zip: <i>22901</i>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>Please see attachment</i>			
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:	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/no Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<i>N/A</i>			
Staff in Charge:	Staff completing form:	Time of event: <i>4:30pm</i>	
<i>Katherine C. Brown</i>	<i>Katherine C. Brown</i>		
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



Date: 7.16.76

Time: Approx 4:30 pm

Occurrence: Fight in Gym (far end of Gym) as you walk through the main doors of gym, incident occurred towards ~~you~~ the right end of the gym.

Details:

Terrell + T.J were playing a basketball one on one with each other as the others (students) were sitting on the bench. Terrell had stopped playing and sat down with the others and T.J continued to shoot a few ~~shots~~ by himself. T.J had stopped for a moment and was talking to the guys on the bench. Terrell gets up and steps over by T.J and stops him in the line. (Please Reference to the camera C 16.26.76-time)

Teron stopped him for no reason. As we proceeded outside after Teron, I called for Teron and said "If you continue to walk away, ~~and~~ without coming back to explain to me why you found the need to fight, I will recommend an automatic ~~span~~ suspension for you". He did turn around to come back to me, but the entire conversation from his ~~own~~ mouth was "I don't ~~give~~ ~~give~~ give a fuck" over and over. I know he repeated that at least two or three times. He cursed not to explain and bowed his bb and himself down the stairs of the parking garage. As he ~~left~~ walked away I ~~start~~ advised him we had the camera to review. Some of the other guys stated they wanted to see the camera also. I advised them the camera was for employee usage only.

→ over



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT <b>XXX</b>	ACCIDENT	DATE of Incident: <b>07/12/2016</b>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <b>Carver Recreation</b>		Phone: <b>970-3053</b>	
Name of Participant/Injured Party: <b>Isaiah Zampini</b>		Participant age: <b>10</b>	
Specific Area where the accident/incident occurred: <b>Front Desk</b>			
Parent/Guardian: <b>Lisa Zampini</b>		Phone (H): <b>434-806-3568</b>	Phone (W):
Address: <b>824-D Hardy Drive, Charlottesville, VA</b>		Zip: <b>22903</b>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
I went to the Front Desk attempting to ask Isaiah and a couple of other boys what their ages were and before I could really			
Even finish my sentence Isaiah begins to get an attitude and tells me that he is 12 years old. I told him that in our RecTrac			
System it states that he is 10 years and 5 months old. He begins to get extremely loud and jerked the phone off the desk to			
Call his mom. I asked him to calm down and put the phone down so we could talk and he became belligerent at which point			
I then told him to leave Carver. As he was walking out the door he was still being very disrespectful and yelling and I stepped			
To the door and he yelled "don't come out here running your fucking mouth". I went to the door because we had other			
Adult and young patrons entering the building and I wanted to try and de-escalate the issue. At this point I let the staff know			
That Isaiah would be suspended from all facilities for being disrespectful and belligerent.			
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	_____ other _____	
WITNESSES: <b>Mike Brown</b>			
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:			
<b>Isaiah will be suspended for a period of 1 month. A letter will be sent to his mother.</b>			
Staff in Charge: <b>Nancy Burney</b>		Staff completing form: <b>Nancy Burney, Assistant Manager</b>	Time of event: <b>4:30 p.m.</b>
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: <input checked="" type="checkbox"/>	ACCIDENT:	DATE of Incident: 7/12/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER REC, FRONT DESK		Phone: 434-970-3053	
Name of Participant/Injured Party: ISIAH ZAMPONI		Participants age:	
Specific Area where the accident/incident occurred: FRONT DESK			
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.)			
Was questioned about his age <del>entering</del> entering the teen center, ISIAH became very rude and disrespectful toward staff. ISIAH then ran out the center making off.			
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: NANCY BURNBY	Address:	Phone: 434-970-3622	
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:			
Contacted parents and child was asked to leave center for that day with possible later actions.			
Staff in Charge: Mike D	Staff completing form: Mike D	Time of event: 4:30pm	
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: 7/02/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone: (434) 970-3053	
Name of Participant/Injured Party: Camiyah Brown/Marlo Bryant/Dre Bacon		Participants age: 14/14/16	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian:	Phone: Dre (434)566-8440 Camiyah (434) 806-9042 Marlo (434)465-5221	Phone (W):	
Address: Camiyah- 542 Cleveland Ave, Charlottesville, VA 22903 Marlo- 301A Paton St, Charlottesville, VA 22903 Dre- 827 Ridge St, Charlottesville, VA 22902		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>Maria (gym attendant) gave the Camiyah and the two boys four chances. The first time, Camiyah and Marlo were play fighting, she asked them to keep their hands to themselves. The second time the same two were trying to bend each other's fingers back and Camiyah was yelling ouch. Maria told them she did not mind them playing, but they could not try and hurt each other. The third time, he was kissing on her neck and Maria again said to please keep their hands to themselves. The fourth time Camiyah and another gentleman (Dre) were touching and it looked like he was biting her shoulder and she was yelling ouch. Maria then asked her to leave because she was at the center of each incident and both boys had no issues until she was in the gym. She refused to leave and started questioning why and Maria told her it was because she was at the center of each incident involving the inappropriate touching. Maria had warned her that they could be asked to leave. (Maria's description)</p>			
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	_____ other _____	
WITNESSES:			
Name: Maria Mace	Address:	Phone: (434)282-6012	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: No	Fire Contacted: No	Rescue contacted: No	
Name:	Name:	Name	
Transported: yes/no    Transported to: _____ No _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<p>Maria warned the kids about touching each other and radioed Heidi to inform her of the situation. The situation escalated when the kids continued to touch each other and were asked to leave by Maria. She radioed Heidi again for assistance since Maria asked them to leave and Camiyah refused. Heidi told them they needed to leave for the day and since they come regularly, they know they need to keep their hands to themselves and Camiyah said no one was touching anyone, but they left anyway.</p>			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



Staff in Charge: Heidi Wootten-Douglas	Staff completing form: Maria Mace (original)/Heidi (typed)	Time of event: 4:00 pm
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:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured Party:		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.)			
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:	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: <i>Marlo</i>			
<i>I gave the young lady and the young man 4 chances the first time they were play fighting I asked them to keep their hands to themselves the second time the same two were trying to bend each others fingers back &amp; she was yelling Ouch, I told them I did not mind them playing, but they</i>			
Staff in Charge:	Staff completing form:	Time of event: <i>4pm</i>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

*Camiyah  
Marlo Bryant  
Doe*

*(434) 282-6012*



If there is any question of the seriousness of an accident, follow the procedure below:

1. Call 911 and request Rescue Squad and/or police.
2. Call participants emergency contact and notify them of what is happening.
3. Report incident to Head Supervisor, Van Johnson or Johnny Ellen .

### ACCIDENT / INCIDENT REPORT

(Report should be submitted to Rec Office Within 24 Hours, with one copy remaining on site)

Child's Name: McGrath Katherine A  
Last First Middle  
 Address: Carver Rec. Phone Number: 981-0213

Date of Accident/Incident: 7/12/16 Time: 4:15 A.M./P.M.

Center/Park Site Location Carver

Staff on Duty Austin Early

TYPE OF INJURY OR INCIDENT: Impact on right big toe

Describe how injury was sustained or describe incident: The kids were kicking at a ball in the corner. One child bumped into a fire extinguisher, which fell on Katherine's toe.

Was First Aid Applied: Yes  No  If Yes Explain How Rendered (Be Precise & Complete)  
Ice to reduce swelling as there was no cut

Was Rescue Squad Called: Yes  No  Time Called \_\_\_\_\_ Time Arrived \_\_\_\_\_

Was Medical attention (Doctor, Hospital, Etc.) Authorized or Recommended: Yes  No   
 If Yes, What Hospital was citizen taken to: Martha Jefferson U.Va. \_\_\_\_\_

Was Police Called: Yes  No  Was a Parent/Guardian Called: Yes  No

Is Suspension Recommended: Yes  No  Length Of Time \_\_\_\_\_

What could Citizen or Participant done to help PREVENT this accident/incident:  
Just a total accident

Witnesses to the Accident/Incident:

- 1) Name/Phone #/Address: \_\_\_\_\_
- 2) Name/Phone #/Address: \_\_\_\_\_

Report Filed By: Austin Early Received By: Melvin Peter Date Rec'd: 7/12/16