

parks & recreation

PLEASE PRINT	INCIDENT:	ACCIDENT:	*	DATE of Incident:
I man total I Italy I			<u>.</u>	05/01/2017
Report should be submit	ted to the Parks and Recre	ation Division Ma		0.4.1
Location Facility/ Program: (ted to the Parks and Recre	TAN	mager with	In 24 nours
	SHOW SKILL	1110		
Name of Participant/injured-Pa		A CARTE	iQ	Participants age:
Specific Area where the accide	nt/incident occurred:		7	
D		·		
Parent/Guardian:	CONES	Phone (H): #3	4,326	Phone (W):
Address: 209 VA	LLEY RD		1211	Zip:
Description of Accident/Incide	HVILLE 220 nt (What occurred? What was the n	703 atron doing? Please be	ac specific or p	
CHTINSK	ATING TRI	T PPEN O	as specific as p	OSSIDIE.)
CHILO	TATES OF	PPED O		OWN FOOT
CHILL	17/ED CO	JUDATI	EE	EL LEG,
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Note: if more space is needed p	please use reverse side of form			
Injured Body Part – Specify Rigi	nt or Left			
1	head/neck	_ears/nose/mouth/t		
***	torso/back	earsynoseymouthyt _internal	eem	
	hand/arm (finger)	other		
	,			
WITNESSES:				
Name:	Address: Address:	<u> </u>		Phone:
Name:	Address:			Phone:
A .	Address.			Phone:
Police Contacted: yes(no)	Fire Contacted: yes no	•		Rescue contacted: yes/ho
Name:	Name:			Name
Transported: ye no Transported to:				
			· · · · · · · · · · · · · · · · · · ·	
STAFF ACTION — Explain how staff	responded including blood borne pa	thogen procedures follo	wed.	ĺ
STAFF WITNESSED ACCUTABILLY ATTENDED				
10 CHILD) NO ICE PACK, CHILD RESTED				
LEG A NO FELT BETTER AFTER ALL,				
Staff in Charge: BROOKS Staff completing form HERY/ BROOKS Time of events her 10000				
7(7)	Stair completing form 74	EKYL BKO(ime of event: 1/1/0 PM
Report Filed By:		Date:	4V/\\	
Date/Time Received by Superviso	or:	Date.		Time: 4:10 PM





CIRCLE ONE:	INCIDENT: N	ACCIDENT:	DATE of incident:
PLEASE PRINT	<i>X</i>		5/10/17 .
•			
Report should be submi	tted to the Parks and	Recreation Division Mana	ager within 24 hours
Location Facility/ Program:	CARVER REG C	WIFE	Phone:
	to so to	Dala I Mar. A	Participants age:
Name of Participant/Injured-		Baben/ Whe E	row
Specific Area where the accid	lent/incident occurred:	ont Dest	·
Parent/Guardian:		Phone (H):	Phone (W):
· ·		Phone (C):	Thoric (W).
Address:			. Zip:
27 1		was the patron doing? Please be as	
Itad an intense	discussion about	T CEM Showl USAGE.	Thomas Stated
that he was	not on me	CHOCK but was si	511 in uniforem on
Wis shone at	ME FIRST D	tsk. He said Ma	of Mose Cell phones
pulls dont as	11		under see rule title.
and confirmed &	, , ,		affering to esther more his
OR put shows a	avery He staked	/* J., /	aks and Rec Shorton.
		doesn't enem	he was of for clock.
Note: If more space is needed	l please use reverse side c	of form	, , , , , , , , , , , , , , , , , , , ,
Injured Body Part - Specify Ri	ght or Left	our requisite	teal
leg/foot	head/neck	ears/nose/mouth/tee	eth
knees	_torso/back	internal	
shoulder	hand/arm (finger)	other	
WITNESSES:	im	L	
Name: NUMAN A TAM	Address:		l st
Name:	Address:		Phone:
Name: 12 NoWell	Address:		Phone:
PENKARC "	/ / / /		Friotie.
Police Contacted: yes/ho	Fire Contacted: yes no	· ·	Rescue contacted: ves/no
Name:	Name:		Name
^ ~	•		
Transported: yes Trans	ported to:		
STAFF ACTION Explain how sta	aff responded including blood	borne pathogen procedures follow	ved.
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Alle A PMDA	byce to Lawre.		
- owner - In			
Staff in Character A 1 1	Chaff 1 st -	1/1 1 1	
Staff in Charge: Mile 13	Staff completing for	m: Mike Som	Time of event:
Report Filed By:		Date:	Time:
Date/Time Received by Superv	/isor: .	1	1451464



parks & recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT: .	DATE of Incident:	
PLEASE PRINT	1		05/01/2017	
 Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	nin 24 hours	
Location Facility/ Program: (CARVER / SKAT.	TNE	Phone:4343261211	
		A	Participants age:	
Name of Participant/Injured-Pa		A CARTER	12,	
Specific Area where the accide	nt/incident occurred:			
Parent/Guardian:	CONES	Phone (H): 434326 Phone (C):	Phone (W):	
Address: 2.09 VA	LLEY RD	141,1	Zlp:	
Description of Accident/Incider	HVILLE 229 nt (What occurred? What was the pa	ron doing? Please be as specific as	possible.)	
CHTINOK	ATTAIC TRT	PPED OVER	OWN FOOT.	
011:710		TED OVER	000/0 -00/,	
CHILD S.	141ED COL	JUDAN FE	ELLEG,	
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Note: If more space is needed p	please use reverse side of form			
 Injured Body Part – Specify Rigi	, at ar laft			
	head/neck	_ears/nose/mouth/teeth		
	torso/back	_earsynoseymoutry teetri		
shoulder	hand/arm (finger)	other		
		00101		
WITNESSES:				
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
5				
Police Contacted: yes(no')	Fire Contacted: yes (no	•	Rescue contacted: yes/no	
Name:	Name:		Name	
Transported: ye (no) Transported to:				
·	orted to:			
	orted to: responded including blood borne pa	thogen procedures followed:		
		thogen procedures followed:	ATTENDED	
		thogen procedures followed: ACCTAENT PACK CH	ATTENDED	
		thogen procedures followed: ACCIAFUT PACK CH TER AFTER ALL	ATTENDED TLD RESTED	
		thogen procedures followed: ACCTAENT PACK FER AFTER ALL	ATTENDED TLD RESTED	
STAFF ACTION – Explain how staff	responded including blood borne pa	thogen procedures followed: ACCTAENT PACK FACK TER AFTER ALL	ATTENDED TLD RESTED	
STAFF ACTION – Explain how staff		thogen procedures followed: ACCTAENT PACK CH: TER AFTER ALL ERYL BROOKS	ATENDED TLD RESTED Time of event: 11/0 PM	
STAFF ACTION – Explain how staff	responded including blood borne pa	thogen procedures followed: ACCIA ENT PACK TER AFTER ALL ERYL BROOKS	ATENDED FLD RESTED Time of event: H: 10 PM	
STAFF ACTION – Explain how staff	responded including blood borne pa	thogen procedures followed: ACCATAFIER ALL FRYL BROOKS Date:	Time: 4:10 PM	



parks & recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT: V	DATE of Incident:
PLEASE PRINT		<i>/</i>	5/5/17 .
			' '
		eation Division Manager witl	
Location Facility/ Program:	MULTI-PURPER (SKA	Arna	Phone:
N			Participants age:
Name of Participant/Injured-P			<u> </u>
Specific Area where the accide	ent/incident occurred:		
Parent/Guardian:		Phone (H): 4-24 (7) /	Dhama (MA)
Talenty Guardian.	The AVTZ	Phone (C): 134 806	Phone (W):
Address: 100 AV	r st cylle	3317	Zip: 2.7.90Z
(V / / 1) V -			
Description of Accident/Incide	ent (What occurred? What was the	patron doing? Please be as specific as	possible.)
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101 101	The state of the	IF STE CAINED	ack in Crashed
The Mech	ale and 211d	anni It.	
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Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	ght or Left		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	_torsó/back	internal	
shoulder	hand/arm (finger)	Sother Mher Jef	-1 arm
MAITH FEEE.	•	, ,	`
WITNESSES:			100000000000000000000000000000000000000
Name: CARLY ()/W()	Address:		Phone: 434-470" 5058
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes no	Fire Contacted: yes (no)	•	Rescue contacted: yes/no
Name:	Name:		Name
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Transported: yestño Trans	ported to:	·	
		. •	
STAFF ACTION — Explain how sta	ff responded including blood borne	pathogen procedures followed:	
000 1 000		0	
Offered parkon	Some ICE	and ask it an	n additional
		. at	tention was needed
AA 1/2 A	1	ml.l., A	
Staff in Charge: Will Kin	Staff completing form:	Muke Mon	Time of event: (2-17)
		-	
Report Filed By:		Date:	Time:
Date/Time Received by Superv	isori		





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:	
PLEASE PRINT		1	05-105/17	
Report should be submit	ted to the Parks and Recrea	tion Division Manager with	in 24 hours	
Location Facility/ Program:	ARVER REL CENTER,	Milli-in ound for	Phone:	
Logician Tuesinery, 1 Tograms, 7	with the wind)		Participants age: 7	
Name of Participant/Injured-Pa	irty: Amaria imaiza	' (Skilling	Farticipalits age,	
Specific Area where the accide	nt/incident occurred: 5 kg/mg	eric ,	<u></u>	
	A THOMAS IN CONTRACT S A TANK			
Parent/Guardian: James .	ans an	Phone (H):	Phone (W):	
, ar -11 , -1 ar -11 (3,2,7,1, 1	V	Phone (C): 434 - 326 - 6822	Trione (w),	
Address: (644 40 thill	MOZ 4201 (holo	Herville, VA	Zlp: ZZho/	
	3 7 6 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	110 111 1 V V	- Lips	
Description of Accident/Incide	nt (What occurred? What was the pa	tron doing? Please he as specific as a	onssible)	
bearing the second		i on dombi i rease se as specific do	- Constituting	
	/ ·1 / / / / / / / / / / / / / / / / / /			
Annya MAS J	Kinting and fell	AS She was gr	mag	
ARbrail am	they yearing of the	referi		
-77 - 28 (27 2000)				
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Note: If more space is needed	please use reverse side of form			
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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: (MORY/-)avis	Address:		Phone: 97/0-3093	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
, plants,				
Police Contacted: yes/no	Fire Contacted: yes/no >	•	Rescue contacted: yes/no	
Name:	Name:		Name	
			,	
Transported: yes/no Transp	orted to:	·		
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
Assisted with the pack and asked it additional nets was readed.				
The second secon				
Staff in Charge: MAC Brown	Staff completing form:	We Aroun	Time of event: 52/50h	
	* Seem constituting to the / /	1. A 12. 12. 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	rane or event, 3 .2/3//2	
Report Filed By:		Dotos	Time	
Date/Time Received by Supervi	rort	Date:	Time:	
- Date/ Hite Acceived by Supervi	5UI		i	





CIRCLE ONE:	INCIDENT:	ACCIDENT: .	DATE of Incident: ,	
PLEASE PRINT			5/5/P	
		tion Division Manager with		
Location Facility/ Program:	COUVERS ONLY		Phone:	
	\sim \sim \sim \sim \sim	1	Participants age:	
Name of Participant/Injured-Pa		<u> </u>		
Specific Area where the accider	nt/incident occurred:	*		
Parent/Guardian:	Cour- Gett Y	Phone (H): Phone (C):	Phone (W);	
Address:		,	Zlp:	
Description of Accident/Inciden	it (What occurred? What was the pa	stron doing? Please be as specific as p	oossible.)	
I accidenta		him h nose		
	The Market	DWY PL (O) S	6477 648	
Lasketball, b	Uhile Klating	Zanc.	•	
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Note: If more space is needed p	lease use reverse side of form			
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Injured Body Part – Specify Righ				
	head/neck 🔀	_ears/nose/mouth/teeth	•	
	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:				
Tel Pack was given.				
	3			
•				
1				
Staff in Charge: Mill ()	Staff completing form:	amari B.D.	Time of event: 41 30 PM	
		, , , , , , , , , , , , , , , , , , , 		
Report Filed By: ANAR		Date: 5/5/19	Time: 4 4()	
Date/Time Received by Supervis	sor: .	2 7 7 7 7		



parks () recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:	
PLEASE PRINT			5/2/11	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: /	WANTER RELITE		Phone:	
			Participants age:	
Name of Participant/Injured-Participant/Injure	arty: NIA		41.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
Specific Area where the accide	nt/incident occurred: Multi-pi	marca limm		
	ין זוייייזן			
Parent/Guardian:		Phone (H): Phone (C):	Phone (W):	
Address:		•	Zlp:	
Description of Accident/Incide	nt (What occurred? What was the pa	tron doing? Please be as specific as	possible.) \	
D hard ul	player? 1 10	1 1/2 12	11 1.16	
paron was	phymic boll.	Then the ba	NI M	
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WINDOW and	Broke.	•		
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Note: If more space is needed	please use reverse side of form			
Injured Body Part – Specify Rig				
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees torso/back internal shoulder hand/arm (finger) other William Byoken				
shoulder	_hand/arm (finger)	other VI/VIIII DVV KA	<i>//</i> C	
WITNESSES: Cherith		on 10 Statt		
Name:	Address:	-	Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Police Contacted: yes/no	Fire Contacted: yes€hø	·	Rescue contacted: yes/po	
Name:	Name:		Name	
Transported: yes/69 Transported to:				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
TAM Arred & a hollow at and Alamand In hard on				
STATE ASKED IS EVERYTHE OR ON a Creaned Up the glass				
•				
Staff in Charge: White Process Staff completing form: MAN Brown Time of event: 10,116				
- THINK STUR	Staff completing form:	WKL BNWn	Time of event: 10.45Am	
Report Filed By:		Date:	Time:	
Date/Time Received by Supervisor:				