



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 05/07/2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER / SKATING		Phone: 434.326.7271	
Name of Participant/Injured-Party: MALACHIA CARTER		Participants age: 12	
Specific Area where the accident/incident occurred:			
Parent/Guardian: COLLETTE JONES		Phone (H): 434.326	Phone (W):
Address: 209 VALLEY RD		Phone (C): 7271	Zip:
CHVILLE 22903			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
CHILD SKATING TRIPPED OVER OWN FOOT, CHILD STATED COULDN'T FEEL LEG,			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
<input checked="" type="checkbox"/> RIGHT	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 <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:			
STAFF WITNESSED ACCIDENT, ATTENDED TO CHILD, NO ICE PACK, CHILD RESTED LEG AND FELT BETTER AFTER ALL,			
Staff In Charge: C. BROOKS	staff completing form: CHERYL BROOKS - DAVIS	Time of event: 4:10 PM	
Report Filed By:	Date:	Time: 4:10 PM	
Date/Time Received by Supervisor:			



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Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <input checked="" type="checkbox"/>	ACCIDENT:	DATE of Incident: 5/10/11
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>CLAYTON RED CENTER</u>		Phone:	
Name of Participant/Injured-Party: <u>Thomas Baben / Mike Brown</u>		Participants age:	
Specific Area where the accident/incident occurred: <u>FRONT DESK</u>			
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.) <u>Had an intense discussion about cell phone usage. Thomas stated that he was not on the clock but was still in uniform on his phone at the front desk. He said that those cell phone rules don't apply to him because he wasn't under rec ride title and continued to use his cell phone with no attempt to either move himself or put phone away. He stated that having a parks and rec shirt on doesn't mean he was on the clock.</u>			
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 checked="" type="checkbox"/> other	
WITNESSES:			
Name: <u>Darling Johnson</u>	Address:	Phone:	
Name:	Address:	Phone:	
Name: <u>Berante Howell</u>	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: <u>asked employee to leave.</u>			
Staff in Charge: <u>Mike Brown</u>	Staff completing form: <u>Mike Brown</u>	Time of event: <u>6:45</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 05/07/2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER / SKATING		Phone: 434.326.7271	
Name of Participant/Injured Party: MALACHIA CARTER		Participants age: 12	
Specific Area where the accident/incident occurred:			
Parent/Guardian: COLLETTE JONES		Phone (H): 434.326 Phone (C): 7271	Phone (W):
Address: 209 VALLEY RD CHARLOTTEVILLE 22903		Zip:	
Description of Accident/incident (What occurred? What was the patron doing? Please be as specific as possible.) CHILD SKATING TRIPPED OVER OWN FOOT, CHILD STATED COULDN'T FEEL LEG,			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<input checked="" type="checkbox"/> RIGHT	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 type="checkbox"/> no <input checked="" type="checkbox"/>	Fire Contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Rescue contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: STAFF WITNESSED ACCIDENT, ATTENDED TO CHILD, NO ICE PACK, CHILD RESTED LEG AND FELT BETTER AFTER ALL,			
Staff in Charge: C. BROOKS DAVIS	Staff completing form: CHERYL BROOKS DAVIS	Time of event: 4:10 PM	
Report Filed By:	Date:	Time: 4:10 PM	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 5/5/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Multi-purpose (skating)</u>		Phone:	
Name of Participant/Injured-Party:		Participants age: <u>8</u>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>Natalie Artz</u>		Phone (H): <u>434 806</u>	Phone (W):
Address: <u>709 Avon St CVille</u>		<u>3312</u>	Zip: <u>22902</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>after getting a drink she came back in, crashed into the pole and slid down it.</u>			
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 checked="" type="checkbox"/> other <u>inner left arm</u>	
WITNESSES:			
Name: <u>CHERYL DAVIS</u>	Address:	Phone: <u>434-970-3053</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <input checked="" type="checkbox"/>	Fire Contacted: <input checked="" type="checkbox"/>	Rescue contacted: <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>offered patron some ICE and ask if any additional attention was needed.</u>			
Staff In Charge: <u>Mike Brown</u>	Staff completing form: <u>Mike Brown</u>	Time of event: <u>6:10</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <i>K</i>	DATE of Incident: <i>05/05/17</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Carver Rec Center, Multi-purpose RM</i>		Phone:	
Name of Participant/Injured-Party: <i>Amiya moize</i>		Participants age: <i>7</i>	
Specific Area where the accident/incident occurred: <i>Skating rink</i>			
Parent/Guardian: <i>James Johnson</i>		Phone (H):	Phone (W):
		Phone (C): <i>434-326-6822</i>	
Address: <i>1644 Riv Hill Rd #201 Charlottesville, VA</i>			Zip: <i>22901</i>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>Amiya was skating and fell as she was going around another group of skaters</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 checked="" 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: <i>Cheryl Davis</i>	Address:	Phone: <i>970-3053</i>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <i>yes/no</i>	Fire Contacted: <i>yes/no</i>	Rescue contacted: <i>yes/no</i>	
Name:	Name:	Name	
Transported: <i>yes/no</i> Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
<i>Assisted with ICE pack and asked if additional help was needed.</i>			
Staff in Charge: <i>Mike Brown</i>	Staff completing form: <i>Mike Brown</i>	Time of event: <i>5:45pm</i>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 5/5/19
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER gym		Phone:	
Name of Participant/Injured-Party: Damion Mayo		Participants age:	
Specific Area where the accident/incident occurred: gym			
Parent/Guardian: Ben Crowe-Getty	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.) I accidentally knocked him in nose with basketball, while playing game.			
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:			
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: Ice pack was given.			
Staff In Charge: NICK P.	Staff completing form: JAMARI B.D.	Time of event: 4:30pm	
Report Filed By: JAMARI	Date: 5/5/19	Time: 4:40	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 5/2/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>CORNER REC / TR</u>		Phone:	Participants age:
Name of Participant/Injured-Party: <u>N/A</u>		Specific Area where the accident/incident occurred: <u>MULTI-PURPOSE ROOM</u>	
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.)			
<u>Patron was <sup>playing</sup> kick ball. when the ball hit</u>			
<u>window and broke.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left <input checked="" type="checkbox"/>			
<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 <u>WINDOW BROKEN</u>	
WITNESSES: <u>Cherith Shelley - Region 10 staff</u>			
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:			
<u>STAFF Asked if everyone ok and cleaned up the glass.</u>			
Staff in Charge: <u>Mike Brown</u>	Staff completing form: <u>Mike Brown</u>	Time of event: <u>10:45AM</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			