



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



|                             |           |           |                              |
|-----------------------------|-----------|-----------|------------------------------|
| CIRCLE ONE:<br>PLEASE PRINT | INCIDENT: | ACCIDENT: | DATE of Incident:<br>1/14/18 |
|-----------------------------|-----------|-----------|------------------------------|

Report should be submitted to the Parks and Recreation Division Manager within 24 hours

|                                    |        |
|------------------------------------|--------|
| Location Facility/ Program: Carver | Phone: |
|------------------------------------|--------|

|  |                     |
|--|---------------------|
| Name of Participant/Injured-Party: Shana Strumlauf | Participants age: A |
|--|---------------------|

|   |
|---|
| Specific Area where the accident/incident occurred: Rollerskating |
|---|

|                  |            |            |
|------------------|------------|------------|
| 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.)  
 Fell and landed on left wrist.

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 checked="" 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: Jaman             | Address: | Phone: |
| Name: <del>Cheryl</del> | Address: | Phone: |
| Name: Cheryl            | Address: | Phone: |

|   |   |   |
|---|---|---|
| Police Contacted: yes/no <input checked="" type="radio"/> | Fire Contacted: yes/no <input checked="" type="radio"/> | Rescue contacted: yes/no <input checked="" type="radio"/> |
| Name:   | Name:   | Name:   |

Transported: yes/no  Transported to:

STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:  
 Gave ice pack.

|                      |                               |                     |
|----------------------|-------------------------------|---------------------|
| Staff in Charge: N/A | Staff completing form: JAMAYI | Time of event: 5:40 |
|----------------------|-------------------------------|---------------------|

|                                   |               |            |
|-----------------------------------|---------------|------------|
| Report Filed By: JAMAYI           | Date: 1/14/18 | Time: 5:15 |
| Date/Time Received by Supervisor: |               |            |



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| CIRCLE ONE:<br>PLEASE PRINT   |  | INCIDENT:  | ACCIDENT:           | DATE of Incident:<br>1/14/18                                 |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours   |  |  |                     |  |
| Location Facility/ Program: CARVER  |  |  | Phone: 412-526-4922 |  |
| Name of Participant/Injured-Party: Adelle Chulis  |  |  | Participants age: 8 |  |
| Specific Area where the accident/incident occurred: rollerskating   |  |  |                     |  |
| Parent/Guardian: Colleen Chulis   |  | Phone (H): 412-526-4922<br>Phone (C): 4922                 |                     | Phone (W):   |
| Address: 2701 S.W. Jackson Ct.  |  |  | Zip:                |  |
| Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)<br>Adelle was rollerskating and bruised her right knee, |  |  |                     |  |
| 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:  |  |  |                     |  |
| Name: Jamari  |  | Address:   |                     | Phone:   |
| Name: Cheryl  |  | 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:<br>Gave ice pack, and Adelle continued to skate with her mom.            |  |  |                     |  |
| Staff In Charge: N/A  |  | Staff completing form: Jamari                              |                     | Time of event: 2:00p   |
| Report Filed By: Jamari   |  | Date: 1/14/18  |                     | Time: <del>5:50pm</del> 3:46pm                               |
| Date/Time Received by Supervisor:   |  |  |                     |  |



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|   |  |  |                              |
|---|--|--|------------------------------|
| CIRCLE ONE:<br>PLEASE PRINT   | INCIDENT:                                  | ACCIDENT:                                      | DATE of Incident:<br>1/14/18 |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours   |  |  |                              |
| Location Facility/ Program: CARVER  |  | Phone: 412-520-4722                            |                              |
| Name of Participant/Injured-Party: LUKE CHUIIS  |  | Participants age: 7                            |                              |
| Specific Area where the accident/incident occurred: ROLLERSKATING   |  |  |                              |
| Parent/Guardian: COLLEEN CHUIIS   |  | Phone (H): 412-520-4722                        | Phone (W):                   |
| Address: 2701 Silas JACKSON Ct.   |  | Zip:   |                              |
| Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)<br>LUKE had sat down to take his skates off, and his friend ran into his shins with his rollerskates. |  |  |                              |
| Note: If more space is needed please use reverse side of form   |  |  |                              |
| Injured Body Part - Specify Right or Left (Both)  |  |  |                              |
| <input checked="" 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: Jamarri   | Address:                                   | Phone:   |                              |
| Name: Cheryl  | 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:<br>GAVE ICE PACK.  |  |  |                              |
| Staff in Charge: MFA  | Staff completing form: Jamarri             | Time of event: 2:10p                           |                              |
| Report Filed By: Jamarri  | Date: 1/14/18                              | Time: 2:47pm JRD                               |                              |
| Date/Time Received by Supervisor:   |  | 3:46pm   |                              |



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|   |                               |                          |               |
|---|-------------------------------|--------------------------|---------------|
| CIRCLE ONE:   | INCIDENT                      | ACCIDENT                 | DATE: 1/14/18 |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours                         |                               |                          |               |
| Location Facility/ Program: Carver  |                               | Phone:                   |               |
| Name of Participant/Injured Party: Catherine Hopkins  |                               | Participants age: 5      |               |
| Specific Area where the accident/incident occurred: roller skating  |                               |                          |               |
| 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.) |                               |                          |               |
| Fell backwards while skating, and landed on left wrist.   |                               |                          |               |
| 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: Jamari  | Address:                      | Phone:                   |               |
| Name: Cheryl  | 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:                  |                               |                          |               |
| GAVE ICE  |                               |                          |               |
| Staff in Charge: N/A  | Staff completing form: Jamari | Time of event: 3:30p     |               |
| Report Filed By:  | Date: 1/14/18                 | Time: 3:50p              |               |
| Date/Time Received by Supervisor:   |                               |                          |               |



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|  |  |   |                                       |
|--|--|---|---------------------------------------|
| CIRCLE ONE:<br>PLEASE PRINT  | INCIDENT:<br><i>Child lost tooth</i>                       | ACCIDENT:   | DATE of Incident:<br><i>1.11.2018</i> |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours  |  |   |                                       |
| Location Facility/ Program:<br><i>Covered Rec / Front Desk</i>   |  | Phone:  |                                       |
| Name of Participant/Injured-Party:<br><i>Sofia Kelly Lina Garcia</i>   |  | Participants age:<br><i>6</i>                                   |                                       |
| Specific Area where the accident/incident occurred:  |  |   |                                       |
| Parent/Guardian:<br><i>Gabine Lina Gonzalez</i>  |  | Phone (H):  | Phone (W):                            |
| Address:<br><i>951 Black Cat Road Reswick, VA</i>  |  | Phone (C):  | Zip: <i>22947</i>                     |
| Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)  |  |   |                                       |
| <i>Grandmother, and Granddaughter, stay with grandson were over by the couch. They all were out the facility for the event in the Multi-purpose room. Grandmother was looking at the books by the couch. The baby (boy - age - 12 months - ?) was on the couch with sister and kicked her in the mouth → over.</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 type="checkbox"/> hand/arm (finger)                 | <input checked="" type="checkbox"/> other <i>lost her tooth</i> |                                       |
| WITNESSES: <i>Grandmother</i>  |  |   |                                       |
| Name: <i>Donna</i>   | Address: <i>951 Black Cat RD</i>                           | Phone: <i>434.244.7190</i>                                      |                                       |
| Name: <i>Priscilla</i>   | Address: <i>Reswick, VA 22947</i>                          | 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:   |  |   |                                       |
| <i>Thomas went to closet and got the little girl an Ice pack. Several Key Employees looked for the tooth (Thomas, and Flo) did not locate it. I wiped the sofa down with Lysol wipes just for precaution.</i>  |  |   |                                       |
| Staff In Charge:   | Staff completing form:                                     | Time of event:  |                                       |
| <i>Cory Skops</i>  | <i>Katherine Grooms</i>                                    |   |                                       |
| Report Filed By: <i>Katherine Grooms</i>   | Date: <i>1.11.2018</i>                                     | Time: <i>7:00-7:30 pm</i>                                       |                                       |
| Date/Time Received by Supervisor:  |  |   |                                       |