

Bainbridge Island Metropolitan Park & Recreation District
7666 NE High School Road
Bainbridge Island, WA 98110

Non-Employee Incident Report

Instructions: Use this form to report injuries and incidents involving non-employees. It should be completed by person with most knowledge of the incident, signed by Department Manager and Division Head, and returned to Administrative Manager as soon as possible after incident.

General Information

Today's date _____

Name of person completing form _____

Job Title _____ Dept _____ Supervisor _____

Type incident

Did an injury occur? ___no ___yes

If yes, person injured is: ___park user ___class participant ___other (specify _____)

Was property damaged? ___no ___yes

Was a vehicle involved? ___no ___yes If yes, fill out vehicle information on page 2.

If none of the above, what type of incident was it? _____

Did incident occur during: ___Park District program ___general park use

If District program: Name of program or class _____ Dept _____

Did incident involve: ___water rescue ___dogs ___slip or fall ___equipment

Incident Information (attach additional pages if needed)

Date of incident _____ Time of incident _____ am or pm

Location/address of incident _____

Description of incident _____

Action taken _____

Name of Person Injured or Involved in Incident _____

Address _____ Phone _____

Injured or involved party is: ___Adult (age 18 yr or older) ___Youth (under age 18 yr)

If youth, what is age? _____ Was parent/guardian notified? ___no ___yes

If no, why not? _____ If yes, what time? _____ How? _____

Name of parent/guardian _____ Phone _____

(Indicate type of injury and part of body injured on next page)

Did injured party or guardian refuse medical care/ambulance transportation when offered? ___no ___yes

Was injured party removed from scene? ___no ___yes

If yes, where was injured party transported? ___medical facility ___home ___other

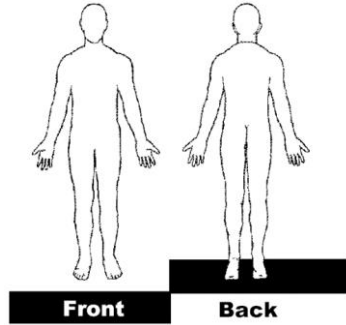
If medical facility, name of facility: _____ If other, where? _____

How transported? ___ambulance ___by parent/guardian ___by Park District employee

Name of person released to: _____

Did incident involve: ___hospitalization ___fatality

Indicate Below Location of All Injuries:



Describe location, type and extent of each injury:

Was incident investigated by authorities? no yes If yes, Fire Police Other
 If other, specify _____
 Name of official _____ Phone _____
 Case or report number _____ Was citation issued? no yes

Name of adult staff member with most knowledge of incident _____
 Phone _____

Witnesses

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

Vehicle Incidents

	Park District Vehicle:	Outside Party Vehicle:
License Plate Number:		
Type Auto:	Yr: Make/Model	Yr: Make/Model
Driver Name:		
Driver Phone:		
Driver Address:		
Driver License Number:		
Passenger Name/Pho:		
Passenger Name/Pho:		

Additional Comments

Reviewed by Dept. Manager: Signature _____ Date _____
 Reviewed by Division Head: Signature _____ Date _____
 Date reviewed by Risk Management Team: _____

For Enduris Member Contact Person: Administrative Manager 206.842.2306