

**Bainbridge Island Metropolitan Park & Recreation District**  
**11700 Meadowmeer Cir NE**  
**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 Division Director 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

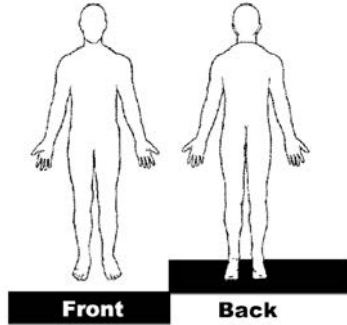
**Name of Person Injured or Involved in Incident** \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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:

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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**

	<b>Park District Vehicle:</b>	<b>Outside Party Vehicle:</b>
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**

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

**For Enduris** Member Contact Person: Administrative Division Director 206.842.5661