

**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

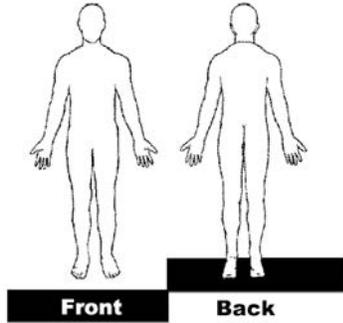
If medical facility, name of facility: \_\_\_\_\_ If other, where? \_\_\_\_\_

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:	VIN:	
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