



# Incident Report Form

## 1. Nature of Incident

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Injury     Hazard or Near Miss

## 2. Incident Details (If Hazard or Near Miss, skip to section 3)

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Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Accident Address:

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Event Description (*what happened*):

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Injury Description (*describe injury/loss*):

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Injuries Sustained (*if applicable*):

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Area(s) of Body Injured (*if applicable*):

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Cause Category:  Altercation/Arrest     Cut/Stab/Puncture     Equipment     Exposure  
 Slip/Trip/Fall     Sprain/Strain     Struck By     Other

Explain Cause Category:

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Have you received or plan on seeking medical attention?

- I do not require medical attention  
 I have already received medical attention  
 I will receive medical attention

### 3. Hazard or Near Miss

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Date of Near Miss or Hazard: \_\_\_\_\_

Event Description (*what was the near miss or hazard*):

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Event Location:

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Cause Category:  Altercation/Arrest     Cut/Stab/Puncture     Equipment     Exposure  
 Slip/Trip/Fall     Sprain/Strain     Struck By     Other

Cause of Incident (*ex. unsafe behavior, hazardous conditions/weather, etc.*):

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### 4. Contact Information

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Was there a witness? *If yes, please give their name and contact information.*

Witness Name (First, Last) \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Was there a Kitsap County Parks employee/Lead Volunteer present during the incident? *If yes, please give their name and contact information.*

Employee/Lead Volunteer Name (First, Last): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Person Completing Incident Report Form:

Name (First, Last): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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***By signing below, I attest that the information provided is correct to the best of my knowledge.***

Printed Name (First, Last) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Kitsap County Parks Natural Resources

- 1195 NW Fairgrounds Rd, Bremerton, WA 98311
- Phone: (360) 337-5350, ext. 3585
- Email: parksNRD@kitsap.gov