Accidents

Injured Patron Information

Last Name	First Name	□ Male □ Female
Address	City	
Phone Number	DOB	Does Patron have Medical Insurance? □ Yes □ No

Accident Information

Activity Patron was Engaged In/Program Attending	Location of Accident (Be specific)
Date of Accident	Time of Accident

Staff Information

Responding Staff Member(s)	
Primary Witness	Primary Witness Phone Number
Primary Witness Address	

Part of Body Injured – Check all that apply

	Abdomen		Eye (R/L)		Leg (R/L)	Other (Specify):
	Ankle (R/L)		Face		Mouth	
	Arm (R/L)		Finger		Nose	
	Back		Foot (R/L)		Scalp	
	Chest		Hand (R/L)		Tooth	
	Ear (R/L)		Head		Wrist (R/L)	
	Elbow (R/L)		Knee (R/L)			

Nature of Injury – Check all that apply

	Abrasion		Fracture	Other (Specify):
	Bite		Laceration	
	Bruise		Puncture	
	Burn		Scald	
	Concussion		Shock	
	Cut		Sprain	
	Dislocation		Pain	

Description of Accident (Be specific): _____

_____

_____

_____

Describe any dangerous conditions: _____

Were photos taken? Yes ____ No ____

By whom: Name _____ Phone Number _____

Care Given (Be specific): _____

_____

_____

_____

Was Parent/Guardian/Relative called? □ Yes □ No - Name:_____Phone #_____

Was EMS/9-1-1 called? □ Yes □ No - Responding Officer/Unit:_____

Incidents

Patron Information

Last Name	First Name	□ Male □ Female
Address	City	
Phone Number	Age	

Incident Information

Activity Patron was Engaged In/Program Attending	Location of Incident (Be specific)
Date of Incident	Time of Incident

Staff Information

Responding Staff Member(s)	
Primary Witness	Primary Witness Phone Number
Primary Witness Address	

Description of Incident (Be specific):

Response/Resolution:

Was 9-1-1 called? □ Yes □ No - Responding Officer/Unit:

This form must be returned to Library Administration by the end of the day. For serious accidents/injuries after hours, please call the Director directly at 609-432-4128.

Employee Filling out Form – Printed Name Signature Date

For Office Use Only

Date Rec'd: *Rec'd By:* *Phone Call Follow Up?*

Director's Signature