

Patron Accident/Sudden Illness Report

Please fill out complete information as it applies to the accident/sudden illness:

Specific location in library of occurrence:

Date:

Time:

Name of patron:

Address:

Telephone number:

Nature of the accident/sudden illness:

People involved/witnesses: (Names, addresses, Phone)

Action taken:

Director notified: yes no

Police called: yes no

Time police/ambulance arrived:

Additional comments: (including visible condition, injury. Please indicate injury on figure below)

(Signature of staff member present)

(Signature of Director)

File with:
Town Clerk
Board of Trustees

Action Taken:

Adopted by Trustees 4/17/2001