



St. Joseph Public Library

Accident Summary Report

Last Name _____ First Name _____ Accompanied by:
Name/Contact # _____

Address: _____

Phone(s): _____
Please indicate (H)home; (C)cell; (W)work

Date of Birth _____ Gender _____ Approximate Height _____ Approximate Weight _____

Witnessed by: _____
Name _____ Contact Telephone _____

Description of Incident: _____

Continue on back, if needed.

Describe accident victim's clothes and shoes

Was accident victim carrying anything: Yes _____ No _____ If so, what _____

Were there children with the accident victim: Yes _____ No _____ Description: _____

Date of Accident _____ Place of Accident _____

Injuries

Treated at Scene: Yes _____ No _____ By Whom: _____

Ambulance Called: Yes _____ No _____ Left via Ambulance: Yes _____ No _____

Weather conditions: _____

Emergency – 402F

Interior conditions: (surface wet or dry) _____

Photos taken: Yes _____ No _____

Staff on duty at time of accident: _____

Employee Signature: _____

Send completed form to Director's Office, Downtown Library, 927 Felix Street.