

# Accident Form

Original 6/4/2001

Name of Injured Person: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date/Time of Accident: \_\_\_\_\_

Address of Injured Person: \_\_\_\_\_

Personnel in charge: \_\_\_\_\_

Witnesses to accident:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

How did the accident occur? Describe sequence of events: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of accident: \_\_\_\_\_

Were there witnesses in relation to the accident: \_\_\_\_\_

\_\_\_\_\_

Was first-aid rendered? \_\_\_\_\_ What first-aid: \_\_\_\_\_

By whom was first-aid performed: \_\_\_\_\_

Library Personnel in charge should fill out this form when accident occurred:

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

## Maroa Public Library District

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