

# REHOBOTH PUBLIC LIBRARY

## INJURY INCIDENT REPORT

To be Completed by Tenant within 1 hour of incident/accident

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ AM/PM

Injured Person's Name: \_\_\_\_\_

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

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

Male/Female

Date of Birth: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

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(Use Reverse if necessary)

Injury Type: \_\_\_\_\_

Does/Did the Injury Require Hospital/Physician? Yes/No

Hospital/Physician Name: \_\_\_\_\_

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

Hospital/Physician Phone Number: \_\_\_\_\_

Injured Person's Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Important Notes: \_\_\_\_\_

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Names and Addresses of Persons Observing the Incident/Injury:

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Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Adopted 10/14/2015