

ACCIDENT REPORT FOR SHEPHERDSTOWN PUBLIC LIBRARY

Person's name _____

Parent's name (if under 18) _____

Date of accident _____

Place of accident _____

Description of accident _____

Was this reported to any emergency authority (Police, EMT, etc.)? Yes No

Witnesses:

Name _____ Phone _____

Name _____ Phone _____

Library Director _____

Signature of person filing report: _____
Date filed: _____