

Colona District Public Library
911 1st Street
Colona, IL 61241

Incident Report

Use this form to report accidents, injuries, medical situations or patron behavior incidents. Incidents involving a crime or traffic incident should be reported directly to the Colona Police. If possible, the report should be completed within 24 hours of the event. Submit the completed form to the library director or library assistant director.

PERSON INVOLVED IN THE INCIDENT			
Full Name			
Address			
<input type="checkbox"/> Patron	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers:	Home	Cell	Work

INCIDENT INFORMATION		
Date	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location		
Description (what happened, how it happened, etc.) Be as specific as possible. Attach additional sheets if necessary.		
Were there witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the body part injured and other information known about the resulting injury(ies).		
Were there witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
If yes, where was treatment provided: <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

REPORTER INFORMATION
Person Reporting (Print Name)
Signature
Date Report Completed

Report Received/Reviewed by _____ Date _____