



Pasquotank County Library

Phone (252) 335-2473 / Fax 252-331-7440

<http://library.earllibrary.org/pasquotank/>

PATRON ACCIDENT/INJURY FORM (revised December 13, 2017)

This form is used for patrons injured on Pasquotank County Library property.

NOTE: Do not use this form for employees accident/injuries – use form 19 accident/injury that is located on the county’s website. Form 19 is located on the Personnel Dept. web page / HR forms

Date of Incident: _____ Time of Incident: _____

Name of person reporting incident: _____ Today’s date: _____

Name of person(s) involved: _____

Address: _____ Phone Number: _____

Location of the Accident/Injury _____

Please describe what happened. Include a description of any injury if applicable:

Is there a witness to the accident/injury? Yes No

If yes, please provide the person’s name & telephone # _____

Did you contact 911 (EMS, Fire Department, or Police): Yes No

Reason why you did not contact 911: _____

EMS responder’s names: _____

Fire Departments responder’s name: _____

Police Department responder’s name _____

Signature of person reporting incident: _____

Office use only	
For library staff: Did you contact the Director or Branch Manager	Yes No