

Hauppauge Public Library
601 Veterans Memorial Highway
Hauppauge, New York 11788
Phone: 631-979-1600 Fax: 631-979-5457

ACCIDENT REPORT

TODAY'S DATE _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ AM/PM

IN WHAT PART OF PREMISES DID ACCIDENT OCCUR? _____

BRIEF DESCRIPTION OF ACCIDENT: (Continue on Back of Sheet if Necessary)

NATURE OF INJURY: _____

PERSON INJURED: NAME _____

ADDRESS: _____

AGE: _____ PHONE: _____

WITNESS(ES)
NAME: _____ ADDRESS/PHONE: _____

NAME: _____ ADDRESS/PHONE: _____

SIGNATURE OF PERSON MAKING REPORT: _____

SUPERVISOR'S INITIALS: _____

ADMINISTRATIVE USE ONLY

ACTION TAKEN: _____

AUTHORIZED SIGNATURE: _____

DATE SENT TO INSURANCE COMPANY: _____