

# Mahopac Public Library Incident Report

Complete this form and deliver the original to the Library Director  
and a copy to each Department Head within 24 hours of the incident.

**Date:** \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Type of incident:** \_\_\_\_\_

**Incident Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**List the name(s) of person(s) affected by this incident; including address(es) and telephone number(s):**

Name	Address	Phone

**Check any officials called or responding to the scene:**

Police     Fire Department     Paramedics     Other: \_\_\_\_\_

**List the name(s) and phone number(s) of any witnesses:**

Name	Phone

**Describe the incident as fully as possible, including any resulting damages and/or injuries (attach additional sheets as needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_