

CALEDONIA LIBRARY
3108 Main Street
Caledonia, NY 14423

INCIDENT REPORT

Date and time of occurrence: _____

Name of injured person: _____

Address: _____

Phone: _____

Nature of injury: _____

Location of occurrence: _____

Description of occurrence:

Police Response? Yes No Officer's Name: _____

Ambulance or Fire Response? Yes No

Was person taken to the hospital? Yes No

Witness: Name / Address

Phone # _____

Date reported: _____ Reported by: _____

Reported to: _____