



Management of **MORE** **RISK** Exposure

# Slip-and-Fall Sample Accident Report Form

Only use form approved by your Risk Management or Safety Department

Please answer these questions to the best of your knowledge. If you do not know the correct answer, do not guess. If possible, take pictures to document the accident scene. Have film developed the same day so the date appears on the photo.

Victim's name: _____	Person completing report: _____
Phone #: _____	Phone #: _____
Age: _____ Height: _____ Weight: _____	

<p><b>Accident Scene</b></p> <p>Date/time of accident: _____</p> <p>Facility name and address: _____</p> <p>_____</p> <p>_____</p> <p><b>Location within facility where accident occurred:</b></p> <p><input type="checkbox"/> lobby      <input type="checkbox"/> front entrance      <input type="checkbox"/> parking lot</p> <p><input type="checkbox"/> stairway      <input type="checkbox"/> ramp</p> <p><input type="checkbox"/> other _____</p> <p><b>If on a slope or stairs, was person going up or down?</b></p> <p><input type="checkbox"/> up      <input type="checkbox"/> down</p> <p><b>Type of walkway surface</b></p> <p><input type="checkbox"/> ceramic      <input type="checkbox"/> tile      <input type="checkbox"/> marble</p> <p><input type="checkbox"/> wood      <input type="checkbox"/> carpet      <input type="checkbox"/> cement</p> <p><input type="checkbox"/> other _____</p> <p><b>Is the surface in good condition (even, unbroken, etc.)?</b></p> <p>_____</p>	<p><b>Was the surface wet, oily, dirty, slippery, etc.?</b></p> <p><input type="checkbox"/> wet      <input type="checkbox"/> oily      <input type="checkbox"/> slippery      <input type="checkbox"/> dirty</p> <p><input type="checkbox"/> other _____</p> <p><b>Were there any signs posting warnings of dangerous conditions or urging caution?</b></p> <p><input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p><b>Were there any dangerous conditions?</b></p> <p><input type="checkbox"/> broken railing      <input type="checkbox"/> broken step</p> <p><input type="checkbox"/> other _____</p> <p><b>Was there a transition in walkway surface or any tripping hazards in the person's path?</b></p> <p><input type="checkbox"/> carpet to tile      <input type="checkbox"/> wood to marble</p> <p><input type="checkbox"/> other _____</p> <p><b>Was weather (rain/snow) a factor in the accident? If so, describe.</b></p> <p>_____</p> <p><b>Was lighting a factor in the accident?</b></p> <p><input type="checkbox"/> artificial glare on floor      <input type="checkbox"/> natural glare on floor</p> <p><input type="checkbox"/> lighting too dim</p> <p><input type="checkbox"/> other _____</p>
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<p><b>Witnesses</b></p> <p>Were there witnesses?    <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>Name _____</p> <p>Age _____      <input type="checkbox"/> M    <input type="checkbox"/> F</p>	<p><b>Relation to person</b></p> <p><input type="checkbox"/> companion    <input type="checkbox"/> another customer    <input type="checkbox"/> employee</p> <p><input type="checkbox"/> other _____</p>
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### Footwear Assessment

What type of footwear was the person wearing?

- athletic shoes     sandals     high heels  
 other \_\_\_\_\_

What was the heel or sole material?

- rubber     leather     synthetic  
 other \_\_\_\_\_

Was the footwear in good condition before the fall?

- yes     no

What was the condition of the footwear after the fall?

- Good condition     broken strap     broken heel  
 other \_\_\_\_\_

Do you think the footwear may have contributed to the fall?

Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Suggest the person stop wearing this footwear and preserve it as is, and submit it for expert examination.*

### The Accident

How did the accident happen?

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

What was the person doing when the accident occurred? Was the person hurrying, changing direction, or turning a corner?

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

Was the person's view blocked by pushing a cart, stroller, gurney, or something else?

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

Was the person's attention distracted?

- yes     no

If yes, by what?

\_\_\_\_\_

Did the person fall forward or backward? What area of the body was impacted?

\_\_\_\_\_

Was the person talking with someone, or were there small children along?

\_\_\_\_\_

Was the person a customer of the place where the accident occurred? If so, do they have receipts, credit card vouchers, or other proof of why they were there?

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

### Immediately after the Accident

Did any witnesses speak to you?

- yes     no

If so, what did they say? \_\_\_\_\_

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

Did building, company or store personnel (other than witnesses) speak to the person about the accident?

- yes     no

Did the person receive assistance from building, company or store personnel? If so, from whom?

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

Were other non-medical personnel called to the scene?

- yes     no

\_\_\_\_\_

Was there any clean-up of the site (spills, dirt, etc.) done? If so, describe.

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

Was a call made for medical assistance? By whom?

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

### Accident Summary

Summarize how the accident happened and supply any other information you feel is relevant to events leading up to and immediately following the accident:

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

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