

Slip and Fall Incident Report Form

Keep Form With You

steinerinjurylaw.com

Toll Free: (888) 885-8529

Fax: (800) 391-7242

Local: (916) 883-1529



When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
<ul style="list-style-type: none"> • Remain calm • Get to a safe place • Check for injuries • Administer First Aid • Call police/EMT 	<ul style="list-style-type: none"> • It's all my fault, (even if it is). • My insurance will pay for everything. 	<ul style="list-style-type: none"> • Get as much information as possible on this report. • Take Pictures • When the police come, cooperate and tell them what you know.

Accident Details

Day/Date/Time AM/PM	
Weather and Lighting	
Location of Slip and Fall	
Details of Slip and Fall (How Did It Happen?)	

Warning Signs and Subsequent Changes

Were The Any Warning Signs or Cones At The Time The Incident Occured?	Are You Aware of Any Previous Reporting of Hazardous Conditions? Are You Aware of Subsequent Improvements?

Property and Other Information

Property Name:	
Property Address:	
Property Phone:	
What Do You Feel Caused Your Slip and Fall:	
Do You Know How Long Condition Existed:	
If So, How Long Do You Believe Condition Existed:	
What Type of Shoes Were You Wearing:	
Responding Employee #1 Name and Information:	
Responding Employee #2 Name and Information:	
Responding Employee #3 Name and Information:	
Other Relevant Information:	

Passengers/Injuries:

Your Injuries	Property Damage (If Applicable)
Be Sure to Report Injuries On Scene and Receive Proper Medical Treatment and Care	Including Torn or Stained Clothing; Clothing Accessories; Phone; Property In Pocket, Purse, or Back Pack; and/or Anything Else

Police Information (If Applicable)

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

Sketch The Scene of the Slip and Fall:

Take plenty of pictures of the scene of the Slip and Fall! (If Possible)

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