

Slip and Fall Incident Report



Property / Premises Owner or Tenant: _____

Incident Specifics

Date of incident: _____

Date reported: _____

Time of incident: _____

Time reported: _____

Location (inside / outside): _____

Reported by (name): _____

Position: _____

Phone number(s): _____

Incident and Injury Details

Injured person's physical description (e.g. height, build, age, hair colour, assistive devices, prominent physical limitations, etc.): _____

Phone number: _____

Description of injury: _____

Incident description (use reverse for more detail): _____

Additional Details

Type of footwear worn: _____

Weather conditions at the time of incident: _____

Witnesses

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Injured Person's departure from the scene:

- Unassisted Public transit
 Ambulance Other: _____

Attachments

Attach photographs of the incident site

Note: Photos help us to gather evidence and document the condition of the area at the time of the accident.

Name of photographer: _____

Date photographs taken: _____

Phone number(s): _____

Signature of Incident Reporter:
