SLIP/TRIP & FALL ACCIDENT EVALUATION CHECKLIST

CONFIDENTIAL & PRIVILEGED PREPARED IN ANTICIPATION OF CLAIM

1. The injured person
   a. Full name ______________________________
   b. Current address ______________________________
   c. Address at time of accident ______________________________
   d. Date of birth ______________ Current age ______________
   e. Weight ______________ Height ______________
   f. Does injured person wear glasses? Reading? ______________________________
   g. Physical disabilities ______________________________
   h. Was injured person under the effect of:
      ☐ Alcohol
      ☐ Drugs
      ☐ Medication

2. The accident
   a. Date of accident ______________ Time of day ______________
   b. Address of accident site ______________________________
   c. Exact location on the premises ______________________________
   d. Did the accident occur inside a building or outside? ☐ inside ☐ outside
   e. Type of walkway:

☐ Floor	☐ Stairway	☐ Ramp
☐ Sidewalk	☐ Parking lot	☐ Street
☐ Porch	☐ Balcony	☐ Parish or outside pathway
☐ Landing		

   Other ______________________________

   f. Walkway surface:

☐ Wood	☐ Vinyl	☐ Ceramic tile
☐ Marble	☐ Terrazzo	☐ Quarry tile
☐ Brick	☐ Dirt	☐ Concrete
☐ Asphalt	☐ Gravel	☐ Grass

   Other ______________________________

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g. Condition of walkway:

☐ Dry ☐ Wet (water) ☐ Oil

☐ Debris (dirt) ☐ Sand ☐ Gravel

☐ Glass ☐ Paper ☐ Gasoline

☐ Plant material

Other liquids (specify) ____

h. Floor coating material:

☐ Waxed ☐ Unwaxed ☐ Painted

☐ Sealed ☐ Polished ☐ Carpet

☐ Rubber mats ☐ Throw rugs ☐ Bath mats

☐ Plant material

Other (specify) ____

i. Lighting conditions:

☐ Natural ☐ Artificial

☐ On ☐ Off

☐ Good ☐ Fair

☐ Dim ☐ Dark

Does injured person feel that the amount of light was a cause of the fall? ______________

3. Mechanics of fall

a. Injured person was walking

☐ Normal rate ☐ Slowly ☐ Fast

☐ Running ☐ Ascending ☐ Descending

b. Injured person

☐ Slipped ☐ Tripped ☐ Twisted ankle

Foot slipped

☐ Forward ☐ Backward ☐ Sideways

Fell

☐ Forward ☐ Backward ☐ Sideways

Fell on

☐ Buttocks ☐ Knees ☐ Sideways

☐ Right side ☐ Left side

Location and type of injury ____

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4. Type of shoes or footwear

☐ Oxfords ☐ Slip-ons ☐ Sandals

☐ Boots ☐ Pumps ☐ Slippers

☐ Thongs ☐ Other ____________________________

a. Style of heel

☐ Low ☐ Medium (1.5-2 in.) ☐ High (over 2 in.)

☐ Spike ☐ Wedge ☐ No heel

Other ____

b. Sole material

☐ Leather ☐ Neolite ☐ Rubber

☐ Nylon ☐ Vinyl

Other ____

c. Heel material

☐ Leather ☐ Neolite ☐ Rubber

☐ Nylon ☐ Vinyl

Other ____

d. When were shoes purchased?______________ Where? ______________________________

e. State of repair

☐ New ☐ Good ☐ Average

☐ Well worn ☐ Poor

Were straps broken?

☐ Before fall ☐ After fall

5. Witnesses

a. Was the injured person alone? ____

b. Were there witnesses to the fall? ____

Name ____

Approximate age ________ Hair ________ Build _________ Sex _________

Was witness wearing uniform? ____

Did witness speak to injured person? __________ If so, what was said? ____________

____

c. Employees of (location's name) ____

Did (location's name) personnel assist the injured person? ____________________________

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What did they do? ____

Did they say anything to injured person? ______________________________

If so, what? ____

Name ____

Approximate age ________ Hair ________ Build _________ Sex _________

Race or nationality _________________________ title ______________

Did employee clean up spills or debris? __________________________

What did they clean up? ____

How did they clean it up? _______________________________________

Did employee call anyone else to accident scene? _________________

Who? ____

Describe ____

____

d. Emergency medical personnel

Was an ambulance or paramedics called? ___________________________

Who called them? ____

How long after the fall did they arrive? ___________________________

Did they render medical aid at the site? ___________________________

What did they do? ____

Name of ambulance service or paramedics _________________________

Did they comment on the accident? _______________________________

What did they say? ____

Did injured person tell them what caused the fall? ___________________

What was said? ____

____

____

6. Emergency hospital

a. Was injured person transported to a hospital? ___________________________

Which one? _________________________ Where? ____________________

What treatment was given? ______________________________________

____

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Was a history given? ____

Did the injured person make a statement regarding the cause of the accident? ____________

What was said? ____

How long was stay? ____

Name of treating doctor(s) ____

____

7. Statements, photographs & other documents

a. Has injured person given any statements to ANY person regarding this accident? _________

____

Was the statement signed? ___________________ Recorded? __________________

Who took the statement? ____

Was the injured person given a copy? _________________________________

b. Were any photographs taken of the accident scene? _____________________________

Who took them? _____________________ When? _______________________

Where are photographs now? ____

Have there been any changes in the accident scene since the accident? ________________

If so, what? ____

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