

Slip & Fall Interview Sheet

Male ☐ Female ☐

Date of Birth: _____

Social Security No. _____

English ☐ Spanish ☐ Other ☐ _____

Occupation: _____

How long there?_____

Weekly income(gross & net):_____

Spouse's Name: _____

Name, address, and telephone number of friend or relative not living with you: _____

Date of Incident: _____ Time: _____ Location: _____

Did the incident occur: ☐ Outdoors ☐ Indoors

Describe lighting in the area of incident:_____

Describe surface on which you fell:

1) ☐ Wet ☐ Dry ☐ Snowy
☐ Icy ☐ Other _____

2) ☐ Wood ☐ Cement ☐ Other _____

Were there any warnings, barriers, signs, etc., in the area of the incident? ☐ Yes ☐ No

If YES, please describe:

If the incident occurred on someone's premises, please give the name and address of the owner of the property: _____

Did you notify anyone of the incident? ☐ Yes ☐ No

If YES, please state name(s) and address(es) of persons notified:

Name: _____

Address: _____

☐ Oral notice ☐ Written notice*

*If notice was in writing, do you have a copy? ☐ Yes ☐ No

Name: _____

Address _____

☐ Oral notice ☐ Written notice*

*If notice was in writing, do you have a copy? ☐ Yes ☐ No

Please list names and addresses of any witnesses:

Name: _____

Address: _____

Name: _____

Address: _____

Describe as fully as possible what occurred:

Describe injuries:

List names and addresses of physicians and/or hospitals with which you treated, or will be treating, as a result of this incident:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

FOR OFFICE USE ONLY

Date of Interview: _____

By: _____

Source of Referral: ☐ Yellow Pages_____

☐ Other: _____

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