



# SAFE PARK USA

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## INCIDENT REPORT

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Facility Name:

### General Information

Name of person injured:

Address:

Home & Cell Number:

Email:

Date of Birth:

If minor, name of parents:

Date & Time of incident:

Location where incident occurred:

### The Incident

What injuries were sustained?

How did the incident happen?

Did the person fall forward or backward?

Fell on which body part?

Was medical personnel called to the scene? Who?

Were there witnesses?

List witness(es) names and telephone numbers:

## Individual's Activity

What were you doing when the incident occurred?

Were you changing direction or turning a corner?

Were you in a hurry?

Were you carrying or pushing anything that blocked your view?

Did you have small children with you?

Were you talking to someone?

Was your attention distracted? If so, by what?

## Footwear

What type of footwear was being worn? (sandals, high heels, etc.)

Was footwear in good condition before the incident?

Was footwear in good condition after the incident? (broken straps, loose sole or heels, etc.)

What was the heel material? (rubber, leather, missing, etc.)

What was the sole material?

Do you think the footwear contributed to the incident?

## Concerning the Scene of the Incident

Type of walkway? (stairway, ramp, level floor, parking lot, etc.)

Type of walking surface? (ceramic, tile, wood, carpet, etc.)

Was there a transition in walking surface? (carpet to marble, wood to tile, etc.)

If incident is on a slope or stairs, ascending or descending?

Was the surface in good condition? (even, unbroken, etc.)

Surface contaminated? (wet, oily, dirty, etc.)

Were there any other contributing conditions? (broken railing or step, uneven floor, etc.)

Were there any signs posted warning of dangerous conditions or urging caution?

Was weather a factor in the incident? If so, describe how.

Was lighting a contributing factor? Describe lighting. (Artificial or natural, glare from floor, too dim, etc.)

### **Additional Information**

Please supply any other relevant information leading up to or immediately following this incident.

Please print a copy for your records and email this completed form to [claims@safeparkusa.com](mailto:claims@safeparkusa.com) or fax the form to 1-888-871-9116.