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| **Fall Incident Information** |
| **Date:** | [INSERT MONTH DAY YEAR] | **Time:** | 00:00 AM/PM |
| **Fall Incident Location:** | [INSERT NAME OF LOCATION] |
| **Complete Description** **of Fall Incident:** | [INSERT DETAILS] |
| **Cause of the** **Fall Incident:** | [INSERT DETAILS] |
| **What was the weather condition at the time of the incident?** |  ◻Good Weather | ◻Fairly Good Weather | ◻ FairlyBad Weather | ◻Bad Weather |
| **What was the condition of the walking surface at the time of the incident?** |  ◻Very Smooth and Wet | ◻Very Smooth and Dry | ◻Very Rough and Dry | ◻ Very Rough and Wet |
| **Was the fall incident immediately reported as it occurred?** |  ◻Yes |  ◻Some what |  ◻No |
| If the answer is no, please explain in complete detail how the fall incident was reported: | [INSERT DETAILS] |
| **Claimant Information** |
| **Name of Claimant:** | [INSERT COMPLETE NAME] |
| **Address of Claimant:** | [INSERT COMPLETE ADDRESS] |
| **Age Group of Claimant:** |  ◻Minor |  ◻ Teen |  ◻Young Adult |  ◻ Mature Adult |
| **Phone No.:** | (000) 0000-0000 | **Mobile No.:** | +000-00-000-0000 |
| **Why was the claimant in the location?** | [INSERT DETAILS] |
| **What was the claimant doing before the fall incident happened?** |  |
| **What type of and what was the condition of the claimant’s footwear?** |  |
| **Describe in full detail the claimant’s injury.** |  |
| **Describe in full detail the treatment applied on the claimant’s injury.** |  |
| **Was the claimant transported immediately to any medical facility for treatment?** |  ◻Yes |  ◻Somewhat |  ◻ No |
| **Name of Medical Facility:** | [INSERT COMPLETE NAME] |
| **Name of Attendant:** | [INSERT COMPLETE NAME] |
| **Fall Incident Information** |
| **Was there an immediate inspection on the incident location?** |  ◻Yes |  ◻ Somewhat |  ◻ No |
| **Inspection****Date:** | [INSERT MONTH DAY YEAR] | **Inspection****Time:** | 00 : 00 AM / PM |
| **Name of Inspector:** | [INSERT COMPLETE NAME] |
| **Describe in full detail how the fall incident was discovered.** | [INSERT DETAILS] |
| **Describe in full detail the conditions of the scene where the fall incident happened.** | [INSERT DETAILS] |
| **Was the scene where the fall happened photographed by an authorized personnel?** |  ◻Yes |  ◻Somewhat |  ◻No |
| **Were there visible caution signs at the location?** |  ◻Yes |  ◻Somewhat |  ◻No |
| **Was the claimant using any form of aid for walking during the fall incident?** |  ◻Yes |  ◻Somewhat |  ◻No |
| **Were there witnesses during the fall incident?** |  ◻Yes |  ◻Somewhat |  ◻No |
| If the answer is yes, please list down the names of the witnesses, their comments, and their contact information. | [INSERT DETAILS] |
| **More Information on the Fall Incident** |
| [INSERT MORE DETAILS ABOUT THE INCIDENT OTHER THAN WHAT WAS QUESTIONED] |
| **Reporter Information** |
| **Reported Completed By:** | [INSERT COMPLETE NAME] |
| **Completion Date:** | [INSERT MONTH DAY YEAR] |
| **Signature of Reporter:** | [INSERT SIGNATURE] |
| **Approval of Receiver** |
| **Reported Received By:** | [INSERT COMPLETE NAME] |
| **Receipt Date:** | [INSERT MONTH DAY YEAR] |
| **Signature of** **Authorized Personnel:** | [INSERT SIGNATURE] |