

**Premises Liability (i.e., Slip & Fall Accident)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status      S      M      W      D

If married, Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone    Home \_\_\_\_\_      Cell \_\_\_\_\_      Work \_\_\_\_\_

When/where is best time to reach you? \_\_\_\_\_

Date of Incident (approximate time if known) \_\_\_\_\_

Location of Incident \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Brief Description of Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your injuries \_\_\_\_\_

\_\_\_\_\_

Did you go to the ER?                      YES    \_\_\_\_\_      NO    \_\_\_\_\_

Did you go to the ER via ambulance?    YES    \_\_\_\_\_      NO    \_\_\_\_\_

Were police called to the scene?        YES    \_\_\_\_\_      NO    \_\_\_\_\_

If so, do you have a copy of incident report? YES    \_\_\_\_\_      NO    \_\_\_\_\_

If not, do you know what Police or Sheriff's department came?  
\_\_\_\_\_

Were there any warning signs or cones displayed? \_\_\_\_\_

Do you know what it was you fell in or slipped on? \_\_\_\_\_

Adverse Party's Liability Insurance Company: \_\_\_\_\_

Do you have photographs of your injuries and/or the site where incident occurred?

YES    \_\_\_\_\_      NO    \_\_\_\_\_

Have you been to this particular place prior to this accident?    YES    \_\_\_\_\_      NO    \_\_\_\_\_

Any other attorney involved?                      YES    \_\_\_\_\_      NO    \_\_\_\_\_