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Summarize the Witness' Version	of How Accident Hap;		en - there - 1/12 -1-	
		1	11 - 12 - 14 - Ame C	<u></u>
our art the com			E Time Com all	(_ ;
	<u> </u>	Sizes error		
f Customer fell — Inspect exac	t place of accident in	nmediately		
Specific Place of Accident	MA.	Weather		
(If wer weather fall on salesfloor give distance and mark place.)	es from nearest entrance. If fall on t	food give distance from food dep	t. If fall outside store attach diagram	
Inspected By:			•	
hispected by.		_		
(Name)		-	(Name)	
•				
What foreign matter, if any, was	found?		(Name)	
(Give details in witness statement.)	104.14.			
Type surface or tread		What defects?		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
	1 1 1 1 1 1	٠- بمر		
What finish or treatment has been u	ised on this surface?		Date used	
Type and condition of footwear wo	m by injured			
Promises last quant by	· ·	. ***		4
Premises last swept by (Nam	ie)	(Position)	at	1
Premises last inspected prior to a	accident by(Name)	(Position)	at	{
	(Hank)	(FOSIGOII)		
Injury from MERCHANDISE OR	<u>FOOD</u> (PRODUCT CLAIN	MS) Fill This Out Comp	eletely	
ltem	Stock No	Dept. No	S.P. \$	
Supplier	and the second s	Address		
Description of defect:				
(Give details in witness statements.)				
If clothing rack involved				
(Describe and give model #.)				
Article from accident was (Secure and preserve at store if		to Legal Department	() Kept by injured	
possible).	() Preserved:	at Store	()	
a licensed department (conc	essionaire) involved.	•		
Name		Address		
Accident Caused by Contrac	tor Working on Premise	<u>es</u>		
Contractor's name		Address		
Does Contractor carry insurance	covering this accident?	□ ves □ no		
	5	•		
insurance Company		Address		
,,				
leport prepared by	(Name)		· (Position)	
	Approved_			
ate i actuera i ast reported	ubbroser	(Sign)	(Manager)	