BARBER - Kinzer PPS GAL RE0000231

Summarize the Witness' Ve	SIGN OF HOW ACCIDENT HOD	nd Paras.	10- three 2011 25-05
+10000000000000000000000000000000000000	221 100 Buch	1-1- Commence	1 - Some South no Ord
cu= 2.0 -11-6	The Description of All.	< 100 = x>1-C-C	8 1100 Can 2 Can
		5,201	
If Customer fell — Inspect	exact place of accident in	mmediately	
Specific Place of Accident	istances from nearest entrance. If fall on	Weather	<i>KL</i> 22
(If wet weather fall on salesitoor give to and mark place.)	ustances from nearest entrance. It fair on	1 100d give distance from 100d dept	ir tall outside store affact, diagram
Inspected By:			
(N	amej		(Name)
(N	ame) ,	·	(Name)
What foreign matter, if any. (Give details in witness statement.)	was found?		· · · · · · · · · · · · · · · · · · ·
(Olds Garait in Miness statement)			
Type surface or tread		What defects?	
What finish or treatment has b	een used on this surface?		Date used
Type and condition of footwe	ar wom by injured		**************************************
D and alamana who		, rome.	A.
Premises last swept by	(Name)	(Position)	at
Premises last inspected price	or to accident by(Name	e) (Position)	atA
<i>→</i>	,		
f Injury from MERCHANDISE	-•	•	
ltem	Stock No	Dept. No	S.P. \$
Supplier		Address	· · · · · · · · · · · · · · · · · · ·
Description of defect:			·
(Give details in witness statem	ents.)	. /	
If clothing rack involved			
(Describe and give model #.) Article from accident was	/ NE	1	1 17
(Secure and preserve at store if		d to Legal Department	() Kept by injured
possible).	() Preserved	Lar Store .	
If a licensed department (concessionaire) involved,		
Name		Address	
If Accident Caused by Cor	ntractor Working on Premie	:00	
Contractor's name		_ , /	
,		Address	
	rance covering this accident?	□yes □no	
Insurance Company		Address	
Report prepared by			
	(Name)		(Position)
Date Accident First Reported_	Approved_		
-	••	(Sign)	(Manager)