

[illegible]

Specific Place of Accident Rt 1A Weather \_\_\_\_\_  
(If wet weather fall on sales floor give distances from nearest entrance. If fall on food give distance from food dept. If fall outside store attach diagram and mark place.)

(Name) (Name)

Type surface or tread \_\_\_\_\_ What defects? \_\_\_\_\_

Type and condition of footwear worn by injured \_\_\_\_\_

Premises last swept by \_\_\_\_\_ at \_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M.

Premises last inspected prior to accident by \_\_\_\_\_ at \_\_\_\_\_  
(Name) (Position) (Name) (Position) A.M.  
P.M.

Item \_\_\_\_\_ Stock No. \_\_\_\_\_ Dept. No. \_\_\_\_\_ S.P. \$ \_\_\_\_\_

Supplier \_\_\_\_\_ Address \_\_\_\_\_

Description of defect: \_\_\_\_\_

(Give details in witness statements.)

If clothing rack involved \_\_\_\_\_  
(Describe and give model #.)

Article from accident was ( ) Forwarded to Legal Department ( ) Kept by injured  
(Secure and preserve at store if ( ) Preserved at Store ( )  
possible)

Name \_\_\_\_\_ Address \_\_\_\_\_

Contractor's name \_\_\_\_\_ Address \_\_\_\_\_

Does Contractor carry insurance covering this accident? ☒ yes ☐ no

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

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Report prepared by \_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

Date Accident First Reported \_\_\_\_\_ Approved \_\_\_\_\_  
(Sign) (Manager)