

“ONE CALL COVERS IT ALL”

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STATEWIDE SERVICES

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Slip | Trip and Fall Statement Guide

Personal Data

- Full name (spell entire name); exact name given at birth. Ask to see identification;
- Any other names/nicknames used currently? In the past?
- Current address. How long at this address?
- Home & cell phone number
- Prior addresses for past 10 years
- Date of birth
- Social security number
- Marital status (spouse's name)
- Other dependents in household (name and age)
- Current employer
- Address and phone number
- Email address(es)
- Occupation
- How long employed?
- Wages, if pertinent to the claim
- Other concurrent employment | income
- Prior employers past 10 years
- Ever received public assistance? Disability payments? Workers' Compensation? Other forms of income?
Name, address and phone number of someone who will always know where to reach you.

Loss Circumstances

- How did fall, trip, slip or near fall occur? Describe in detail.
- Why were you in the area when the accident occurred?
- Did you hit anything during the fall/near fall? Describe in detail
- Did you land on anything? If so, what? Describe in detail.
- What part(s) of your body hit something when falling? Describe in detail.
- Identify what caused fall or near fall.
- What were you doing prior to fall/near fall?

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- Hurried or running? On cell phone? Texting?
- Carrying anything? If so, what?
- Where were your eyes focused immediately before the fall?
- Were there any conditions or objects that may have obstructed your view which may have caused or contributed to the accident?
- Describe the floor/surface (e.g. wood, carpeting, bathtub, concrete, walkway, stairs, etc.) where the accident occurred. Describe the condition of the surface at the time of the accident.
- Were you alone or with someone at the time of the fall?
- Did you drink any alcoholic beverage within 2 hours prior to the accident? If so, when? How much? Where purchased? Who purchased from?
- Had you taken any non-prescription, prescription, or other drugs/medication on the day of the accident? If so, what? When? How much? Where obtained?
- Did you observe what object, substance, or condition may have caused or contributed to the fall?
- Were there any witnesses identified? Explain and describe who they were and where they were?
- Were there any signs, warnings, or cones in the area of the loss location? Where were they positioned?
- Did you immediately notify someone at the scene of the accident? Who? When? What exactly did you tell them? Was a written report taken? By whom?
- Were any photos taken by you at the scene of the accident? Where are those photos today? Were any photos taken by anyone else at the scene? By whom?
- Do you wear glasses or corrective lenses? When and how often? Were glasses worn at the time of the accident, if needed?
- If fall involves an object, did you have that object in your cart or bag?
- Describe lighting conditions in the vicinity of the accident.
- How often had you been in the immediate vicinity of the accident in the past? Did you notice any potentially hazard condition at any time in the past? How often? Prior to the accident, did you report the condition to anyone in the past? When? To whom? What did they say? Did you observe any changes made to the area after you reported the condition?
- Type of shoes you were wearing at the time. Describe heels and soles. Do you still own the shoes? Where are they today? Can you produce them?
- Describe the clothing you were wearing at the time of the accident? Did your clothing contribute to the accident in any way?
- What were the weather conditions at the time of the accident? Any precipitation (rain, dew, snow, etc.)? Any other weather factors that may have contributed to the accident?
- Did you report any potentially hazardous conditions in the area immediately before OR after the accident? To whom? When? Explain.
- Were you aware of anyone reporting any potentially hazardous conditions immediately before the accident? Who? When?
- Your opinion on cause of fall?

- Where did you go immediately after the accident?
- When did you consult with an attorney? Did any attorneys decline to represent you regarding this accident?
- Did you post anything on social media or internet sites regarding the accident and/or injuries suffered as a result of the accident? If so, when and where? Describe what you posted. Did you post any photos surrounding the accident or injuries? When? What site(s)? Describe in detail.
- Have you been in the immediate vicinity of the accident site since the accident? If so, when? How often? Did you observe any changes made to the immediate area since the accident? Did you or anyone else take photos of the changes observed, after the accident? Who? When?

Injuries and Treatment

- Were you injured as a result of the accident?
- Describe your injuries in detail.
- Did you complain of any injuries at the accident scene? To whom? Describe.
- Did you receive any medical care at the accident scene? By whom? Describe.
- Did you receive any further medical treatment immediately after leaving the scene of the accident? When? By whom?
- When did you first seek medical treatment? With whom?
- Did a medical provider diagnose your injuries? If so, who? What did they tell you?
- Describe all medical treatment received, in detail.
- Did the injuries limit any of your daily activities? If so, describe in detail.
- What is your present medical condition? Describe in detail.
- What, if any, are your current physical restrictions and limitations, attributable to the accident?
- Do you engage in any physical activities (e.g. sports, hobbies, gardening, walking the dog, house cleaning, off-work activities, etc)? If so, describe in detail. Have the injuries reportedly suffered in the accident limited you in any way in performing any of these activities. Go into detail.
- Has the treatment improved your present physical condition regarding the injuries reportedly suffered in the accident? Describe in detail. Ask for percentage of recovery and/or scale (1 to 10, with 10 being a full recovery to pre-accident condition);
- Have medical providers provided you with a prognosis (describe in laymen's terms) for future recovery and any longer term injuries and medical treatment needed? If so, whom? Describe in detail.
- Are you currently taking any (over-the-counter or prescribed) medication(s) that are directly related to the injuries you reportedly suffered in this accident? For any medical/health-related condition(s)? If so, how long? Describe in detail. Provide the names/locations of any medical provider(s) and/or pharmacies that you have received the medication from. How is the medication paid for?
- Do you have any health insurance? If so, with whom? Describe.

- Who did you have health insurance with in the past?
- If no health insurance, who has paid for any medical care that you have received currently and/or in the past?

Loss of Income | Compensation

- Do you intend to seek reimbursement for any loss of income or other forms of compensation as a direct result of this accident? If yes, describe the loss of income or compensation in detail.
- Do you have records to document the loss of income or compensation? If so, in what form? Have you produced it to anyone, to date? If so, to whom?
- Describe your job duties at the time of the loss, in detail. Describe your present job duties.
- Who is your immediate supervisor? Who was your immediate supervisor at the time of the accident, if different? Obtain contact information.
- If self-employed, independent contractor, or other, provide names of clients, customers, person(s) paying you, etc. who can verify past/current job status, lost wages/income, job duties, etc.
- Have the injuries affected your ability to perform the same job functions and productivity at work? If so, describe in detail. Has this affected your income in any way? If so, describe in detail. Provide name(s) and contact information of any third parties who can verify this (e.g. employer, client/customer, co-worker, employee, etc.);
- Have you filed a workers' compensation claim at any time before OR after this accident? If so, provide details.

Prior Medical and Loss History

- Describe all prior medical history that may be related to the injuries and/or claimed health conditions (e.g., insomnia, sexual dysfunction, depression, etc.) suffered in this loss.
- Have you even suffered any medical condition involving the same, or similar, reported injuries suffered in this loss in which you have not received any prior medical treatment/care?
- Have you ever complained to anyone (e.g. employer, co-worker, family member, medical provider, etc.) about any prior medical condition(s) involving the same injured body parts involved in this accident? If so, to whom? When?
- Have you ever been hospitalized or gone to any emergency room for any prior injuries or medical conditions? If so, describe in detail, including the names/locations of any hospitals, emergency room, etc.
- Have you ever suffered any prior injuries (e.g. work-related, auto, personal injuries, sports injuries, altercations, crime victim, etc.)? If so, describe in detail.
- Have you ever filed an insurance claim OR retained an attorney regarding injuries suffered in the past? Since this accident? Describe in detail. IMPORTANT: If claimant does not admit to prior losses identified on an ISO report or other sources, question them

in further detail about any prior losses, before discussing known prior loss information with them.

Witnesses | Property Owner

IMPORTANT: Obtain statements of all potential witnesses, including “no knowledge” witnesses (e.g. employer, store owner, employees, customers, janitors, etc.).

Ask premises owner and witnesses the following:

- Exact location of accident.
- What do you think caused the loss?
- Were any witnesses identified? Who? What did they say?
- Was a written report taken at any time after the accident? When? By whom? Get copy.
- Where any photos or video obtained of the accident site and surrounding areas? If so, by whom? When? Get photos and/or video immediately.
- Were there any surveillance cameras anywhere in the general area of the accident? If so, is the footage still available to review? Review footage as soon as possible, and retain any relevant footage available immediately (take video of footage with cell phone or camera immediately, if possible).
- Was claimant acting suspicious in any video footage observed anywhere in the general area? What was the claimant doing? How soon prior to the accident?
- Describe foreign object or substance that claimant alleges caused or contributed to the accident. Describe size, color and consistency of substance.
- Is substance sold in in the store?
- Location of substance in store in relation to incident.
- Where did substance come from?
- Were any hazard or warning signs/cones, etc. posted in the vicinity of the accident? Why? Where? When? By whom?
- Length of time you were aware of defect or foreign object, if any?
- Were any steps taken to alleviate hazard? What? When?
- Had any third party been notified by the witness of the potential hazard or condition? If so, whom? When? How? Did they respond? Did they make any corrections? If so, what? When? Obtain any records/documentation, if available.
- Were the any other slip/trip and fall accidents reported in the general or specific area in the past? Obtain specific details.
- Does the store have a policy or schedule regarding sweeping, mopping, cleaning, or inspection?
- Any inspection, sweeping, mopping and/or maintenance logs available? If so, obtain copies as soon as possible.
- Any maintenance schedule available?

- Describe floor surface, composition of surface, degree of slope, etc.
- Any hidden or visible defect(s) known?
- When was the last time floor was waxed or cleaned? Date of last wax or cleaning. Party responsible? With what product? Any contracts or agreements with third party for maintenance, cleaning, waxing of surface, etc.?
- Was the floor/surface wet prior to the accident? Why?
- Did claimant's clothing and/or shoes get wet/where? Identify substance on clothing/shoes.
- Floor covering (e.g. carpet, mats, throw rugs, other?)
- Any obstruction on floor/surface? Any other obstructions or objects observed anywhere near the accident?
- Any foreign objects on surface? Describe in detail.
- What were the weather conditions like that day? Immediately before the accident? Could the weather conditions have contributed to the accident in any way?
- Describe sidewalk or surface, if accident occurred outside.
- Does walk slope? Describe.
- Was walk covered with snow, ice, rain, dew, or other substance? Any known defects?
- If snow, did snow cover ice? Depth of snow? Start and stop time of snowfall. Describe snow pack. Hard pack? Smooth? When was walkways or other surface cleaned or cleared? By whom? Is there any documentation (including video) regarding this activity? If so, obtain immediately.