Site inspection:		
Time: Date:		
People present:		
Date of Accident:	Time:	
Victim:		
Address of accident scene:		
Boro or Township, City, County:		
Have they adopted a formal building code?:		
Which one?:	What year?:	
Weather:	7	
Anthropometrics:		
Height:	Weight:	Age:
Type of footwear and condition?		60.
Does footwear still exist?		
Building type: Home, Store, Factory, Apartment, etc.?		
Public, state, federal, or private owner?		
Material type of surface: Concrete, Stone, Wood, Tile, Carpet, Dirt?		
Condition of surface: Wet, Icy, Muddy, Gravel, Food, Grease, Wax, etc.?		
Any exterior lighting?		
Sunny or overcast?		
Handrails?		
Surface markings:	Color and Condition?	
Surface type:		
Condition (dirty, dry, wet, waxed, grease, o	iD:	
Any previous physical impairments: Stroke, paralysis, sprained ankle?		
Under the influence of drugs or alcohol?	, , , , . , . ,	
Has the accident scene been altered?		
Who, when, why?		
Direction of travel in or out of building?:		
Slip: Off the toe, heel, or ball?		
Walking, running, jogging?		
Carrying anything: purse, bags, children?		
Point of focus before fall: i.e. doorway, parking lot, moving car, pedestrians?		
Direction of fall: forward, backward?	0	
Which foot: left or right?		
Any signage or warnings?	Color of signage and locati	ion?
Have you ever traveled this area before?	0 0	
Approximate age of accident scene?		
Contractor who built area?		
Professional who designed area: architect of	or engineer?	
Any witnesses?		
Any photos taken?	Who, when?	
Was it caught on security camera or private	video?	
Permission granted to visit site?		
Was your travel redirected due to obstruction	ons or people?	
Type of injury: ankle, leg, arm, head?	31 31	
Does area have a history of accidents?	35	
Depositions taken from whom?		
Statements taken from whom?		
Police Reports?		
Accident history:		