



Employment Information | File Memo

1. What is your employment status?
 - Unemployed not due to injury
 - Unemployed due to injury
 - Employed did not miss work
 - Currently Employed did miss work.
2. Who is your employer?
3. Have you missed work?
4. Do you have a doctor's note for missed work?
5. Missed work start date?
6. Missed work end date?
7. What was your salary at the time of the incident?
8. How many days a week did you work prior to the incident?
9. How many hours a week did you work prior to the incident?

Additional Employment Information:

1. Do you have health insurance?
 - If yes, who was your Health Insurance company?
2. Health Insurance Policy
3. Do you have DHS/Medicare?
4. Did you go to an emergency room or urgent care center?
5. Did you receive treatment on the date of the incident?
6. Were you taken by an ambulance from the scene of the incident?
7. Did you receive any sort of special treatment (antibiotics, etc.) related to preventing infection?
 - If yes, what did you receive (special treatment details)?



8. Are you still treating? If so, can you please provide the name and address of your medical provider?
 - Name
 - Address
 - Phone number of medical providers (up to 3)
9. Was there any witness?
10. What is your marital status?
11. Spouse Name
12. Spouse Date of Birth
13. Spouse Number

FOR MINOR CHILD

1. What school does your child attend?
2. Did your child miss any time off from school?
3. Is your child able to go to school due to injuries?
4. Is your child able to participate in regular after school activities?

ACCIDENT

1. What caused you to trip/ slip and fall?
2. Where exactly did the slip/fall occur? (inside/outside)
3. IF inside – what type of floor were you walking on (tiles, marbles, wood, etc) at the time of the fall?



4. If you tripped on a foreign substance on the floor, what caused you to fall? What was that substance? (ice, liquid, rock, etc)
5. Were you or anybody else able to determine how the substance got on the floor or from where the substance came or how long it was on the floor before your incident?
6. Did you see any caution signs either before or after you fell?
7. Had you ever been to the location of the incident before the incident? If so, when?
8. Was anybody with you when you fell, if so who?
9. Did anybody witness you fall? If so, who?
10. Do you know if there was a security camera/surveillance which may have recorded the slip/trip and fall?
11. Did anybody, (including any employees of the business IF incident was in a business premise) come out to assist you after the incident occurred? If so, who?
12. Did you report the incident to anybody? If so, who?
13. Did the police arrive at the accident location? Yes/No
 - If yes, do you have a police report number?
 - If yes, please provide the name of the police department who issued the report and the incident report?
14. Were any pictures taken by anybody after your fall which shows the condition which caused you to slip/trip and fall or showed your injuries? If so, who took them, and do you have them?
15. What type of shoes were you wearing at the time? How old were they and what condition were they in? Do you still have the shoes?



16. Where were you looking at five second prior to your incident? (straight ahead, on the phone, another person, etc)
17. When did you realized that you had sustained injuries from the fall?
18. What injuries/pain are you experiencing as a result of the slip/fall?
19. Have you ever had complaints of pain or discomfort and treatment to any areas of the body that you are claiming were injured in this accident?
 - If so, please explain in detail including whether you were still having problems with those areas of the body shortly before the incident?
20. Did you lose time from work and or that you lost the ability to work as a result of your fall and the injuries?
21. What medical providers and facilities have treated you for the injuries you are claiming resulted from the fall?
22. Have you ever made a claim for personal injuries or for workers compensation?
 - If so, please explain in detail-provide dates of incidents, injuries and amount of recovery in addition to the name of the lawyer and the entity against whom the claim was made.