

Slip and Fall ADDENDUM

PRIOR WALKING ISSUES

Q1. Did you have any issues walking **BEFORE** the date of the incident? (Yes/No) _____

If yes, which of the following did have: A limp _____ Used Crutches to Walk _____

Foot was in a CAM boot or other walking boot _____

Used a Knee Walker _____ Used a wheelchair _____

Q2. Do you think that any **PRE-EXISTING** walking, balance or other physical or mental issues caused you to fall? We will ask later whether you feel that the property owner did anything wrong (Yes/No)

If yes, please explain:

Section II. The accident

A. Date of accident _____ Time of day _____

A1. Before the incident

What did you have for breakfast on the date of the incident?

Where was the last physical location where you were before you arrived at the incident scene?

Your residence _____ A hotel _____ Other (Please explain)

What were you doing at the last physical location where you were **before** the incident scene?

Were you with anyone at the last physical location where you were before the incident scene?

Yes _____ No _____

List names of people who you were with at the last physical location where you were before the incident scene:

Full Legal Name _____ Relationship to you _____

Phone Number _____ Email address _____

Address _____

Full Legal Name _____ Relationship to you _____

Phone Number _____ Email address _____

Address _____

Full Legal Name _____ Relationship to you _____

Phone Number _____ Email address _____

Address _____

Full Legal Name _____ Relationship to you _____

Phone Number _____ Email address _____

Address _____

How did you arrive to the incident scene? _____

Taxi ____ My car ____ Walked from residence ____

If you arrived by taxi, who ordered the taxi? _____

If you arrived by taxi, who paid for the taxi? _____

What form of payments was used?

_____ Cash _____ Credit Card _____ Uber/Lift

If you arrived at the incident scene in a vehicle, where were you sitting in the vehicle?

Driver Seat _____ Front Passenger Seat _____ Left Rear Passenger Seat _____

Right rear Passenger Seat _____

Which side of the vehicle did you exit when you arrived at the incident scene?

Driver Seat _____ Front Passenger Seat _____ Left Rear Passenger Seat _____

Right rear Passenger Seat _____

If you exited a vehicle when you arrived at the incident scene, approximately how many steps did you take before you arrived at the entrance to the property where you were injured?

B. Address of accident site _____

Exact location on the premises _____

C1. If you had to walk through a gate to enter a premises (apartment complex, condo, etc.), which way did the gate open?

Gate opened towards me (Gate needed to be pulled) _____

Gate opened away from me (Gate needed to be pushed) _____

C2. Were you invited to the incident scene where you were injured?

Yes _____ No _____

If yes, who invited you?

D. Type of walkway: _____

Floor ___ Stairway ___ Ramp ___ Sidewalk ___ Landing ___ Porch ___ Balcony ___

Stepping Stones ___ Garden Pathway ___ Parking lot ___

Courtyard of apartment/condo complex _____ Other _____

E. Walkway surface:

Wood ___ Vinyl tile ___ Ceramic tile ___ Marble ___ Terrazzo ___

Quarry tile ___ Brick ___ Dirt ___ Concrete ___ Asphalt ___ Gravel ___

Grass ___ Pavers ___ Other _____

F. Condition of the walkway:

Dry ___ Wet (water) ___ (oil) ___ (gasoline) ___ other liquids (specify) _____

G. Floor coating material:

Waxed ___ Unwaxed ___ Painted ___ Sealed ___ Rubber mats ___ Carpet ___ Polished ___

Throw rugs ___ Bath mats ___ other (specify) ___

LIGHTING

H. Lighting conditions:

Natural ___ Artificial ___ [on] ___ [off] ___ Good ___ Fair ___ Dim ___ Dark ___

Were you walking from a dimly lit area to a well lit area when you fell? Yes _____ No _____

I. Do you feel that the amount of light was a cause of the fall?

J. Were there windows nearby the fall area? Yes _____ No _____

If yes, specify the location in relation to where you were walking before and at the time of your fall.

Was the light behind or in front of you? ___ Behind _____ In Front _____ Balanced _____

Were the lighting controls manual or automatic (If you know): ___ Manual ___ Automatic _____ I don't know

Load Carrying

Were you carrying anything at the time of the fall? Yes _____ No _____

Method of carrying _____ Left arm _____ Right arm _____ Two arms

Dimensions and weight of object _____

Where was the object located after the fall? _____

K. Did you walk at or near the area where you fell BEFORE you fell? (Yes or No) _____

K1. If yes, How many times did you walk at or near the area where you fell BEFORE you fell?

K2. Did you walk THROUGH the area where you fell BEFORE you fell? (Yes or No)

K3. If yes, how many times did you walk THROUGH the area where you fell BEFORE you fell?

L. Were you talking on a cell phone OR texting on a cell phone in the twenty (20) minutes before the incident?
(Check which apply)

Taking on cell phone _____ Texting _____

Weather

Did it rain on the day of the incident? _____ Yes _____ No

Was it raining at the time of the fall? _____ Yes _____ No

What were the weather conditions at the time of the accident?

What was the phase of the moon?

When was sunset?

Was there a cloud cover at the time of the accident?

In either case, was the cloud cover: _____ Complete _____ Partial _____ Broken

Mechanics of the fall

A. You were walking:

Normal rate ___ slowly ___ fast ___ Running ___ Descending ___ Stairway _____
Ramp _____ Driveway _____ Slope _____

A1. Were you talking on a cell phone OR texting on a cell phone at the time of the incident? (Check which apply)

Taking on cell phone _____ Texting _____

A2. Did you talk on a cell phone OR texting on a cell phone in the ten (10) minutes after the time of the incident? (Check which apply)

Taking on cell phone _____ Texting _____

B. You:

Slipped _____ Tripped _____ Twisted ankle _____ Unknown _____

1. Foot slipped forward _____ backward _____ sideways _____
2. Fell forward _____ backward _____ sideways _____
3. Fell on buttocks _____ knees _____ hip _____
4. Location and type of injury _____

Section IV. Type of shoes or footwear (and clothing)

The condition of the shoe worn by you at the time of the accident is often an important issue in a slip and fall case. Do not to wear the shoes. Please turn the shoes should over to our law firm for safe keeping. Shoes, stained clothing and other similar evidence should put into a plastic bag and then placed in a sturdy cardboard box with a lid to prevent both drying and contamination.

What type of footwear, if any, were you wearing at the time of the incident? (Check below)

A. Oxfords _____ Slip-ons _____ Sandals _____ Boots _____ Thongs _____
Barefoot/No Shoes _____ Crocs footwear™ _____ Clogs _____ Other _____

If your shoes had laces, were they tied at the time of the incident? Yes _____ No _____

B. Style of heel: Low _____ Medium [1-1/2 to 2 in.] _____ Spike _____ Wedge _____
No heel _____ other _____

C. Sole material: Leather _____ Neolite _____ Rubber _____
Nylon _____ Vinyl _____ Other _____

D. Heel material: Leather ___ Neolite ___ Rubber ___ Nylon ___ Vinyl ___ Other ___

E. When were shoes purchased? _____

F. Where: _____

G. State of repair:
New _____ Good _____ Average _____ Well-worn _____ Poor _____

Were straps broken? _____ Before fall _____ After fall _____

Did the shoes fall off during the fall? _____ Yes _____ No If yes, explain

G. Have the shoes been worn since the accident?

_____ Yes _____ No

Are the shoes available for testing? _____

Where are the shoes located now? _____

Clothing

G. What type of clothes were you wearing at the time of the incident?

Jeans _____ Pants _____ Shorts _____ T-Shirt _____
Bathing suit _____

If you were wearing jeans at the time of the incident, were you wearing a belt?

Yes _____ No _____

If you were wearing jeans or pants at the time of the incident, were your pants baggy or loose?

Yes _____ No _____

A. Employees of defendant

1. Did store or management personnel assist you? _____

2. What did they do? _____

3. Did they say anything to you? _____

If so, what? _____

Name of employee _____ Sex _____

Age _____ Hair _____ Build _____ Race or nationality _____

Did employee clean up spills or debris? _____

What did employee clean up? _____

How did employee clean it up? _____

Did employee call anyone else to accident scene? _____ Who? _____ Describe

4. Did any employee give you a claim number?

a. If yes, what is the claim number? _____