



ACCIDENT/SECURITY/SAFETY REPORT

REFERENCE/CLAIM NUMBER (RECEIVED FROM HOTLINE): 128 530 186

Unit/Operation Name LEVI'S STADIUM Date of report 12/23/18 Date of incident 12/23/18 Time of incident 14:40

Exact location where incident occurred (be very specific) 31st Links

Claimant is: ☐ Guest ☐ NFP Volunteer ☐ 3rd Party Concessionaire ☐ Contractor ☐ Service Provider ☒ Temp/Agency ☐ Other: ACROBAT

Name of Involved Party CARRE ALVARADO Age of Involved Party 54

Home Address 8121 CHERMONT DR City RANCHO CORDONA State CA Zip 95670

Daytime Phone _____ Evening Phone _____ Best time to call _____ AM/PM

Temporary Address (if non resident) _____ City _____ State _____ Zip _____

Type of incident (e.g. slip & fall) BURN Nature of injuries OIL BURN NEXT TO/IN EYE

Weather conditions CLEAR Type/condition of shoes worn NO-SLIP

Were ☒ Paramedics, ☐ Police or ☐ Fire Department called? (Check all that apply) Time called 1445 Time arrived 1445 Report # 263

PEOPLE WITH INVOLVED PARTY (if more than two, use additional sheets)

Name _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

WITNESSES (if more than two use additional sheets)

Witness Type = Pre-occurrence, Occurrence or Post-occurrence

Name ANNITA MARTIN

Home Address _____

City _____ State _____ Zip _____

Daytime Phone (510) 386-3547

Evening Phone _____

Witness type OCCURRENCE

Involved party's version of incident:

OIL FROM HOT LINK SQUIRTED INTO HER EYE, CAUSING MINOR BURN TO RIGHT EYE

Based on YOUR investigation, describe the incident in detail (if applicable, take pictures, create diagram):

MINOR IRRITATION TO RIGHT EYE FROM HOT OIL SPRAY - SHE WAS BREAKING APART HOT LINKS AFTER THEY WERE COOKED AND THE OIL GOT INTO HER EYE



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If applicable, describe property lost or damaged (e.g. spill on pants) N/A
If vehicle involved, License No. N/A Make _____ Model _____
Action taken Tow to Fire Aid
Number of pictures taken 0 Security Video: Yes ☒ No ☐ Evidence/object involved _____ Evidence/object stored where N/A
Did involved party leave premises under own power? ☒ Yes ☐ No If not, how _____

PERSON TAKING REPORT

PRINT NAME Jacob Leithner SIGN NAME [Signature] TITLE GM of GOLFSS
TODAY'S DATE 12/23/18 TIME REPORT TAKEN 3:30p NUMBER OF ADDITIONAL SHEETS, IF ANY 0