

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 14:45

Exact location where incident occurred (be very specific) 3rd Links

Claimant is: Guest NFP Volunteer 3rd Party Concessionaire Contractor Service Provider Temp/Agency Other: ACU208AT

Name of Involved Party CARNE AWASADO Age of Involved Party 54

Home Address 8121 CHETTENDON DR City RANCHO COORDA 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 NON-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 _____ Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Daytime Phone _____

Evening Phone _____ Evening Phone _____

WITNESSES (if more than two use additional sheets) Witness Type = Pre-occurrence, Occurrence or Post-occurrence

Name ANNITA MARTIN Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____

Daytime Phone (510) 386-3547 Daytime Phone _____

Evening Phone _____ Evening Phone _____

Witness type OCULIST/OPHTHALMOLOGIST Witness Type _____

Involved party's version of incident:

OIL FROM HOT LINK SQUIRTED INTO THE EYE, LEAVING MINOR BURN TO RUGHT EYE

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

MINOR IRRITATION TO RUGHT EYE FROM HOT OIL SPRAY - SITE WAS BREAKING AFTER HOT LINKS AFTER THEY WERE COOKED AND THE OIL GOT IN TO HERE EYE

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If applicable, describe property lost or damaged (e.g.g. spill on pants) N/A

If vehicle involved, License No. N/A Make _____ Model _____

Action taken Took to First Aid

Number of pictures taken 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 LENTZER

SIGN NAME JL

TITLE GM OF GANESHA

TODAY'S DATE 12/23/18

TIME REPORT TAKEN 23:20p

NUMBER OF ADDITIONAL SHEETS, IF ANY 0