



# Accident Report – Involving the Operation or Usage of an Elevator

**Cayman Islands Government**  
**Department of Planning**  
P.O. Box 113, Grand Cayman KY1-9000  
Phone (345) 244-6501 Fax (345) 769-2228  
Email: [Building.Control@gov.ky](mailto:Building.Control@gov.ky) Web: [www.planning.gov.ky](http://www.planning.gov.ky)

**This form shall be filed with the Chief Building Control Officer, Building Control Unit, within 24 hours of any accident resulting in a fatality or bodily injury. Provide as much detail as possible. A follow-up report may be required in order to finalize all details.**

Name of Person Filing This Report: \_\_\_\_\_

Phone: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (F): \_\_\_\_\_ Email: \_\_\_\_\_

Name of Building: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Elevator Permit Number: \_\_\_\_\_

Building Contact Person: \_\_\_\_\_

Phone: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (F): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address of Building Contact Person: \_\_\_\_\_

### Accident Information:

Date of accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Type of Accident:      Bodily Injury      Fatality

Name of Injured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (F): \_\_\_\_\_ Email: \_\_\_\_\_

### If the Injured party is not a resident of the Cayman Islands provide the following information:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Phone: (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Was the injured party transported to hospital?      Yes      No

Name of Hospital: \_\_\_\_\_

Treated and released?      Yes      No

### Nature of Injuries:

Accident details: Injuries reported including a written description of how injury occurred including which floor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Accident Report – Involving the Operation or Usage of an Elevator

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Did the elevator strike a person, cause a trip and fall, or stop abruptly? \_\_\_\_\_

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Was the person entering the elevator, exiting the elevator, standing in the elevator or standing in a lobby area at the time of incident?

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Was the elevator moving at the time of the incident? If yes, was it traveling up or down? \_\_\_\_\_

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Were there any unusual noises at the time of the incident? \_\_\_\_\_

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List all witness to the incident, including full name and contact information: \_\_\_\_\_

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