



# Health and Safety Executive: RIDDOR Report

Report Number: 17A10C176E Date Submitted: 13/02/2024 Current Authority: Leicester

## About you and your organisation:

Name:  
Job Title: H&S Manager / Safety Officer  
Phone Number:  
Organisation: Leicester City Football Club  
Leicester City Football Club,  
Address: King Power Stadium,  
Filbert Way, Leicester LE2 7FL  
Town: LEICESTER  
County: Leicestershire  
Post Code: LE2 7FL  
Fax Number:  
E-Mail:  
Did the incident happen at the above address? yes  
Which authority is responsible for monitoring H & S  
where the incident happened? LA

## About where the incident happened:

Where did Incident happen: The incident happened at the notifier address  
Organisation:  
Address: Leicester City Football Club,  
King Power Stadium,  
Filbert Way, Leicester LE2 7FL  
Town: LEICESTER  
County: Leicestershire  
Post Code: LE2 7FL  
Details of where (address unknown):

## About the incident

Incident date: 27/01/2024 Incident time: 16:33  
Which LA did incident occur in?  
Country: England Geographic Area: Leicestershire Local Authority: Leicester  
In which department or where on premises did incident happen?  
Away Supporter Concourse East Stand Vomitory 40

## What type of work was being carried out?

Main Industry: Other Service activities  
Main Activity: Sports activities and recreation  
Sub Activity: Other sports activities

## About the kind of accident

Kind of accident that described incident: Slip, trip, fall same level  
How high was fall? 0 metres  
Work process involved: Other process not listed above  
Main factor involved: Slip, stumble or fall

**Describe what happened:**

- 1) Activity being undertaken
- 2) What happened in lead-up
- 3) Environmental conditions **IP was leaving the Stadium and has slipped or fallen backwards injuring**
- 4) Name and type of machinery / equipment **her wrist**
- 5) Action taken
- 6) Nature of injuries
- 7) Other relevant info

**About the injured person**

Name:

Address:

Town:

County:

Post Code:

Phone Number:

Gender: **Female**

Age: **0**

**Injured person's employment status**

What was the person's occupation or job title? **Member of the public - Job title not applicable**

What was the person's work status? **The injured person was a member of the public**

Details if on training scheme / employed by someone else

**About the injured person's injuries**

Injured person's injuries: **Other known injuries**

Part of body affected: **Wrist**

What was the severity of the injury? **Member of the public - taken directly to hospital**

**Form Allocation History**

Division	Location	Event Date	Event Type	Event Reason	Event No	User Name	Reason Note
LA	Leicester	13/02/2024	Accept		2		
LA	Leicester	13/02/2024	Create		1	system	