

**About you and your organisation:**

Name: Mr Graham Murray
Job Title: Head of Safety & Security
Phone Number: [REDACTED]
Organisation: Nottingham Forest FC
Address: Nottingham Forest FC
The City Ground
Pavilion Road
Town: NOTTINGHAM
County: Nottinghamshire
Post Code: NG2 5FJ
Fax Number:
E-Mail: graham.murray@nottinghamforest.co.uk
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: Nottingham Forest FC
The City Ground
Pavilion Road
Town: NOTTINGHAM
County: Nottinghamshire
Post Code: NG2 5FJ
Details of where (address unknown):

About the incident

Incident date: 11/01/2025 Incident time: 15:05
Which LA did incident occur in?
Country: England Geographic Area: Nottinghamshire Local Authority: Rushcliffe
In which department or where on premises did incident happen?
Accessible Toilet, Main Reception, The City Ground

What type of work was being carried out?

Main Industry: Other Service activities
Main Activity: Sports activities and recreation
Sub Activity: Other amusement, recreation

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: Breakage, bursting or collapse of material

Describe what happened:

- 1) Activity being undertaken
- 2) What happened in lead-up
- 3) Environmental conditions
- 4) Name and type of machinery / equipment
- 5) Action taken
- 6) Nature of injuries
- 7) Other relevant info

1) WHEELCHAIR USER TRANSFERRING THEM SELVES FROM WHEELCHAIR TO ACCESSIBLE TOILET,
 2) DURING THE PROCESS OF TRANSFERRING THEMSELVES ONTO THE TOILET SEAT, THE SEAT GAVE WAY CAUSING THE WHEELCHAIR USER TO FALL. IN AN ATTEMPT TO PREVENT FALLING TO THE FLOOR A GRAB WAS MADE FOR THE WHEELCHAIR WHICH TIPPED CAUSING THE USER TO FALL TO THE GROUND BETWEEN THE TOILET AND WHEELCHAIR. ON FALLING DOWN USER PUT THEIR ARM OUT TO BREAK THE FALL AND IN DOING SO INJURY CAUSED TO SHOULDER.
 3) INSIDE ACCESSIBLE TOILET, GOOD LIGHTING CONDITIONS AND DRY AREA.
 4) N/A
 5) TOILET SEAT SEAT AND ALL FITTINGS CHECKED AND SECURED.
 6) DISLOCATED SHOULDER.
 7) IN THE ATTEMPT TO PREVENT THE FALL, WHILST GRABBING THE WHEELCHAIR IT CAUSED DAMAGE TO THE WHEELS OF THE CHAIR WHICH MOVED THEREFORE UNABLE TO KEEP THEMSELVES UPRIGHT.

About the injured person

Name: [REDACTED]

Address: [REDACTED]

Town: [REDACTED]

County: [REDACTED]

Post Code: [REDACTED]

Phone Number: [REDACTED]

Gender: [REDACTED]

Age: [REDACTED]

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: Dislocation without fracture

Part of body affected: Upper limb

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

Notes recorded for the report

Division	Location	Event Date	Event Type	Event Reason	Event No	User Name	Reason Note
LA	Rushcliffe	20/01/2025	Create		1	system	