

**BC Liquor Distribution Branch**

3200 East Broadway

Vancouver, British Columbia Canada

V5M 1Z6

# Incident Report

---

**Incident Number:** INCD-2018-04-00073

**File Number:** 160.2018.ER17870

**Class/Category:** Non-Criminal/Injury

**Occurred From Date/Time:** 4/1/2018 4:37 PM

**Status:** Closed



**LIQUOR  
DISTRIBUTION  
BRANCH**

## Incident Details

## Incident Details

Incident Number: INCD-2018-04-00073  
 File Number: 160.2018.ER17870  
 e-Incident Number: ER-0000017870  
 Reported Date/Time: 4/3/2018 11:35 AM  
 Occurred From Date/Time: 4/1/2018 4:37 PM

## Classification

Class: Non-Criminal  
 Category: Injury  
 SubCategory: Customer

## Summary:

On a clear sunny Sunday April 1st 2018 16:37 a s.22  
 s.22 was at till 7 waiting to

pay for s. product and was putting s.22

s.22 As s.2 leaned back s. head hit the top corner of the refrigerator unit that was in front of till 8. s.2 told the clerk Omand on till 7 that s. had hurt s. head. Omand took s. to Customer Service for first aid. There the customer told Cristina that s. had hit s. head on the corner of the fridge at till 7 and s. was feeling pain and dizzy. Cristina offered s. a chair to sit down and asked if s.2 needed her to call 911. The customer refused both and said s. just wanted to let the store know that s.2 had injured herself. At this time Madhu the acting manager came up to the customer and also offered assistance but again the customer refused saying s.2 will rest a bit in s. car and then would drive home. s.2 said s. already was having a bad headache before s. hit s. head. s. said that s. had not drank any alcohol for 48 hours. s. gave Madhu s. business card and told Madhu s. will be expecting a call from one of the managers about the incident. s. name on the card is s.22 Madhu offered to call a cab but the customer said no s. would just rest a bit in s. car and then drive home. s.2 then left the store.

## Physical Location

Site: 160 39th & CAMBIE  
 City: VANCOUVER  
 Area: 9  
 Address: 5555 Cambie Street,  
 Vancouver, BC V5Z 3A3

On Tuesday April 3rd I called s. I told s. how sorry I was that s. was injured at our store. I told her I reviewed the video and say how when s. was putting s.22 s.22 had leaned back and that's when s. hit s. head against the fridge. s.2 said s. was glad I had looked at the video as s. wasn't very sure how s. had hit s. head. s. said s. appreciated Madhu's help. However s. did think the cashier was not very responsive to s. plight. s. said he didn't say anything when s.2 told

Incident Number: INCD-2018-04-00073

Class/Category: Non-Criminal/Injury

Status: Closed

him s. had injured herself. Finally s. asked him to see a manager and that is when he took her to Customer Service. s. said that when s. got to customer service no one offered s. a chair to sit down. s.2 said that they did ask s.2 if s. wanted an ambulance which s. thought was rather dramatic. They also asked if they should call 911. Again s.2 thought this was not needed. s.2 felt that we should have instead asked s. if s. could use a first aid attendant. s.22 said s. left s. card because s.2 wanted the manager to know that there was an accident in the store. s. said that s. was grateful for Madhu's kindness s.2 said that s. left the store and sat in s. car for a bit and then drove home. s.2 said that s. then felt nauseous and felt scared as s.2 s.2 didn't want to fall asleep in case she didn't wake up. s.22 s.22 is always aware that a head injury is a serious event. s.2 said that today s. feels much better and that s. appreciated that we called s. back to see how s.2 was doing. I told her if s. any other concerns or questions to not hesitate to call me. s. said thank you and the phone call ended.

DISC 18-0536 (DISC RECEIVED FROM STORE DOESN'T SHOW THE INCIDENT OCCURING)

### Supplemental Details

Reported to Police:	No	Police File Number:	
Reported to Division:	No		
Reported to Supervisor:	Yes	Supervisor Reported To:	KAIN, SARAH
Follow-up Required:	No		

Incident Number: INCD-2018-04-00073

Class/Category: Non-Criminal/Injury

Status: Closed

## Incident Involvement Section

Linked Person

Total = 1

EDDY, LEO s.22

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid  
Administered?: No

Marital Status:

Person  
Hospitalized?: No

Employee?: Yes

Injured: No

Interviewed?: No

Notes:

Linked To Person: EDDY, LEO s.22

Owner Workgroup:

Liquor

Access Level:

Level 3

Local Print Date/Time:

12/14/2018 12:41 PM

Page 3 of 6



Incident Number: INCD-2018-04-00073

Class/Category: Non-Criminal/Injury

Status: Closed

## Incident Narratives

### Incident Narratives

Total = 1

**AUTHOR:** FERNANDO, Ricco **Narrative Type:** Email

**Created By Date/Time** 4/5/2018 7:32 AM **Sealed** Yes

**Narrative:**

Customer Injury: 160 - 39th & Cambie (ER17870)

Hi All,

We received your incident report regarding a customer injury that took place April 3- ER17870

Can you please confirm if a Customer Injury Form had been completed and the video exported to a disk for shipment to head office. Also, if you could scan and email a copy of the Injury Form so we can attach it to the perspective report that would be very helpful.

Thank you,

## Attachments

### Additional Attachments

Total = 2

**Attachment Title:** 160.2018.ER07870 - STATEMENTS **File Name:** 160.2018.ER07870 - STATEMENTS.pdf

**Attachment Type:** Document **File Size:** 1622 KB

**Description:**

**Attachment Title:** Customer\_Injury\_Report April 1 2018 **File Name:** Customer\_Injury\_Report April 1 2018.doc

**Attachment Type:** Customer Injury Report **File Size:** 210 KB

**Description:**

Owner Workgroup:  
Liquor

Access Level:  
Level 3

Local Print Date/Time:  
12/14/2018 12:41 PM

Page 4 of 6

Incident Number: INCD-2018-04-00073

Class/Category: Non-Criminal/Injury

Status: Closed

## Investigation Details

Investigation Start Date:

---

Investigation Last Review  
Date:

Investigation Closed Date:

Investigation Initiated By  
Person:

Investigation Duration: 0

Total Time Spent: 0 Hrs. 0 Min.

Total Expenses:

Investigation Comments:

Incident Number: INCD-2018-04-00073

Class/Category: Non-Criminal/Injury

Status: Closed

## Incident Controls

### Incident Controls

Org Rollup Name

Org Level 1:

Org Level 2:

Org Level 3:

Org Level 4:

Access Level:

Level 3

Status:

Closed

Disposition:

Expiry Date:

Locked:

No

Archive (record not visible):

No

Record Owner:

### Incident Visibility

Owner Workgroup: Liquor

All Workgroups: None

Exceptions:

Workgroup Name

Record Rights

### Assignments

Assigned Date: 4/5/2018 12:00 AM

Assignment Type:

Follow-up Activity

Assigned To Person: KAIN, SARAH

Assigned By Person: FERNANDO, Ricco

Completed?:

Yes

Completed Date:

5/3/2018

Message/Task:

Please follow up with store to confirm completion and submission of injury report and export of footage.



Incident Record Created By c 15 4/5/2018 3:13 PM GMT

Last Modified By c 15 5/3/2018 5:05 PM GMT

Owner Workgroup:

Liquor

Access Level:

Level 3

Local Print Date/Time:

12/14/2018 12:41 PM

Page 6 of 6



# LIQUOR DISTRIBUTION BRANCH

## Customer Injury Report

(Must be accompanied by a Security Incident Report - SIR)

<b>Date of Incident:</b>	4/3/18	<b>Time:</b>	16:37
<b>Store:</b>	39th and Cambie 160	<b>SIR #:</b>	ER-0000017870

Corporate Loss Prevention coordinates the investigation of all customer injuries occurring in BC Liquor Stores. In all incidents where a person is injured or alleges to have been injured in a store, the circumstances must be thoroughly and impartially investigated and documented.

The first priority in all injury cases is to address the customer's immediate medical needs, if any, including calling an Ambulance and/or Paramedics if appropriate. Once the customers' needs have been addressed, and if a camera is available, the area where the injury occurred should be photographed as-is before any efforts are made to clean up. In addition, any faulty or damaged products or fixtures which may have contributed to the incident should be secured for follow-up investigation.

Store Managers must ensure that a Security Incident Report (SIR) and Customer Injury Report<sup>1</sup> are completed and forwarded to Corporate Loss Prevention as soon as practicable, including statements from staff and from any customers who might have witnessed the event. If video is available, that should also be retrieved and forwarded.

**CAUTION:** Staff members should not discuss with the customer or witnesses any factors which might have contributed to the incident. If a staff member is asked to comment, please assure the person that the incident will be documented and forwarded to Corporate Loss Prevention. If the customer asks to make a statement, they should be given the opportunity to do so, and their statement should be forwarded along with the Customer Injury Report.

**CUSTOMER REQUESTS:** See Part 11 of this report for instructions regarding customer requests for documents, video, or to receive compensation or reimbursement for any costs associated to an injury event.

**NOTE:** When information is obtained from injured customers or witnesses, they must be advised that their information will be managed according to the Freedom of Information and Protection of Privacy Act, and is collected in the event of future litigation. The information is also collected to facilitate follow-up investigation and to allow Corporate Loss Prevention to fulfil its mandate to protect BCLDB customers, staff, property and assets.

Personal information may be provided to other parties involved in the investigation and resolution of the incident. If the person has any questions, they can contact the Manager of Corporate Loss Prevention Investigations at 604-252-3440.

<sup>1</sup> BCLDB Corporate Security Manual, "Unlawful Activities and Store Incidents," Section 25.0 - Customer Illness and Injury

**Part 1: CUSTOMER AND INCIDENT:**

#1: Full name, address and phone number of the customer involved:

LAST NAME: s.22 FIRST NAME: s.22  
ADDRESS: s.22  
CITY: Vancouver  
PROVINCE/STATE: BC  
PHONE: WORK: s.22 HOME: CELL:  
DATE OF BIRTH: MONTH: DAY: YEAR:  
or APPROXIMATE AGE: s.22

#2: Describe, as accurately as possible, the setting and circumstances of the incident or claim and the nature of the injury suffered or alleged.

Customer leaned back s.22 and hit s. head on a fridge unit in front of till 8. s. told the clerk on till #7 that s. had hurt s.2 head. The clerk took s. to Customer Service where s. told Madhu s.2 had hurt s. head. s.2 was offered first aid and to call an ambulance s.22 said no. s.2 said s. head hurts and s. feels dizzy. s.2 said s.2 will go to s.2 car and sit for awhile before driving away.

#3: Document, as accurately as possible, what the customer said regarding the injury/incident.

s.22 said that s. had hit her head on the fridge. That s. head hurt and s. felt dizzy. s.2 said that the clerk on till #7 did not seem very helpful to s. when the injury occurred..

#4: Describe the customer's condition prior to the incident or claim occurring, including any factors which may have contributed to the event. These would include whether they appeared injured or under the influences of intoxicating substances prior to the event. If so, describe their symptoms, including any odour or other evidence of intoxicants.

s.22 said that s.2 had come into the store with a headache and that the injury had made things worse. s.2 said s.2 had to been drinking for 48 hours.

## British Columbia Liquor Distribution Branch – Customer Injury Report

- #5: Describe the customer's clothing and footwear, particularly if they slipped and their clothing or footwear may have been a factor in the incident. If outside weather was a factor, for example a person had snow on their feet when they entered; describe that also, including what steps the store had taken to keep the area clean and when that was last done.

s. 22 was wearing regular shoes. s.2 did not slip. The weather was sunny and clear.

- #6: Describe the assistance offered or provided to the customer by store staff or by bystanders/customers:

Madhu offered s. 2 a chair to sit down, first aid, and or and ambulance. s.2 turned down all of these. When I called s. 2 two days later s.2 did not remember being offered a chair or first aid but did remember asked if s.2 wanted an ambulance.

### **Part 2: DOCUMENTATION OF INCIDENT SCENE:**

- #1: Use the store digital camera to take photographs of the area in or outside the store where the accident happened before making any efforts to clean up and without altering the scene. Forward the photos and complete video, if available, to Corporate Loss Prevention.

PHOTOS INCLUDED: NO: ☐ YES: ☐

If yes, Date and Time the photos were taken:

DATE OF PHOTOS: MONTH:  DAY:  YEAR:  TIME:

PHOTOS TAKEN BY (Employee Name): \_\_\_\_\_

**NOTE:** If no camera is available, provide a sketch of the area. Include on the sketch the date and time it was created and by whom. Also include in the sketch the location of any items which may have contributed to the incident, (i.e. something the customer tripped on).

- #2: Provide a description of the scene both before and after the incident. If video is available, try to identify and include any contributing events prior to the incident. For example, "ten minutes prior to the customer slipping another customer walked through the area with snow falling from their shoes." Depending on the nature of the incident, consider the following guidelines in your description:

## British Columbia Liquor Distribution Branch – Customer Injury Report

Slip and Fall incidents: Where a customer has slipped or fallen, confirm if there were any substances on the floor, such as water or other liquid, which may have contributed to the incident. Also describe the source of the substance (i.e. snow or ice from customer's shoes, spilled product, leaking pipes etc). Indicate if there were warning signs posted (i.e. "Wet Floor") and whether staff had mopped the area or done other maintenance. If so, when was that done and by whom?

Tripping Incidents: Where a customer trips, indicate what they tripped on and the source of that item (e.g. products left in the aisle, items dropped or left by a customer, maintenance equipment, etc).

Other Incidents: In any case where a customer is injured on a piece of LDB equipment, on a store fixture, or by a damaged or defective product (e.g. cuts from broken glass), describe the condition of the equipment, fixture or product prior to the incident. If there was previous damage, or any previous incidents of injury associated to the equipment, fixture or product; advise what steps were taken and by whom to remedy the situation prior to the current incident. If a damaged product was involved, could it have been damaged before being received into the store; was it defective, or did the product break as result of mishandling?

EXPLAIN: s.2 hit s. head on the top edge of the mini fridge in front of till #8.  
2

### **Part 3: STAFF - INVOLVED:**

Note: All staff members who were working when an incident occurred are required to submit a written statement detailing their observations and involvement, if any.

#1: LAST NAME: Caballes FIRST NAME: Cristina EMPLOYEE # s.22

PROVIDED ASSISTANCE? NO: ☐ YES: ☒

IF YES, EXPLAIN: She offered a chair and first aid and to call 911

#2: LAST NAME: Singh FIRST NAME: Madhu EMPLOYEE #: s.22

PROVIDED ASSISTANCE? NO: ☐ YES: ☒

IF YES, EXPLAIN: She offered a chair and first aid and to call 911

British Columbia Liquor Distribution Branch – Customer Injury Report

#3: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

IF YES, EXPLAIN:

(Attach additional pages if required)

**Part 4: NON-EMPLOYEES INVOLVED:**

#1: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

INVOLVEMENT:

#2: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

INVOLVEMENT:

#3: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_



British Columbia Liquor Distribution Branch – Customer Injury Report

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

INVOLVEMENT:

(Attach additional pages if required)

**Part 5: EMERGENCY SERVICES INVOLVED:**

AMBULANCE: If an ambulance attends, provide:

Ambulance File Number (if any): \_\_\_\_\_

Ambulance Unit Number: \_\_\_\_\_

Paramedic's Name: \_\_\_\_\_

Paramedic's Name: \_\_\_\_\_

POLICE: If police attend, provide:

Police File Number: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

(If possible, obtain a business card with the police officer's contact information and email.)

FIRE – RESCUE: If the fire department attends, provide:

Fire Department File Number (if any): \_\_\_\_\_

Fire Department Senior Officer attending: \_\_\_\_\_

**Part 6: TREATMENT AND OUTCOME:**

Did the customer require any first aid or other treatment? NO: ☒ YES: ☐

If yes, explain:

If the customer was transported to a medical facility, please indicate the name of the facility.

**British Columbia Liquor Distribution Branch – Customer Injury Report**

Have gathered statements from all employees who were on shift during the injury and included copies.

---

**Part 7: OTHER STAFF ON SHIFT – NOT INVOLVED:**

Provide names of all employees who were on shift at the time of the incident who are not listed above. These employees must also provide a statement indicating where they were in the store at the time of the incident and what involvement they had, if any, including any observations they had of the incident scene prior to the accident.

Original copies of employee statements must be forwarded to Corporate Loss Prevention.

#1: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

#2: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

#3: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

(Attach additional pages if required)

British Columbia Liquor Distribution Branch – Customer Injury Report

**Part 8: OTHER POTENTIAL WITNESSES:**

Provide names of potential witnesses, not listed previously, who may have been in the store at the time of the incident even if they did not provide assistance or were not otherwise involved.

#1: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WITNESSED INCIDENT: NO: ☐ YES: ☐  
INVOLVEMENT: \_\_\_\_\_

#2: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WITNESSED INCIDENT: NO: ☐ YES: ☐  
INVOLVEMENT: \_\_\_\_\_

#3: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WITNESSED INCIDENT: NO: ☐ YES: ☐  
INVOLVEMENT: \_\_\_\_\_

Forward all original statements to Corporate Loss Prevention.

British Columbia Liquor Distribution Branch – Customer Injury Report

**Part 9: INCIDENT FOLLOW-UP:**

Instructions:

The Store Manager should ask the customer if it is alright to contact them after the accident to check on their condition. If the customer consents, they should be contacted within two days of the incident.

If contact is made or attempted after the Customer Injury Report has been submitted, the Store Manager should submit a follow-up email to Corporate Loss Prevention, detailing that contact was made and updating the customer's condition. The email should cite the date of the original incident and the e-Reporting (ER) number from the original Security Incident Report. It should be emailed to Outlook Address: **LDBCSBIR**.

#1: Has follow-up contact been made with the customer and by whom?

NO: ☐ YES: ☒

Explain and include any updates on the customer and their condition:

I called Tuesday April 3rd 2018. s.2 said s.2 that when s. came home from the store s. had a headache and felt nauseous. s.2 said that today s. felt much better.

#2: Has this customer reported a previous injury at this store?

NO: ☒ YES: ☐

If yes, explain: s.22  
s.22

#3: If any damage occurred to store property or fixtures, has this been reported to LDB Real Estate or another department?

NO: ☒ YES: ☐

If yes, to which department(s), when and to whom?

**Part 10: OTHER NARRATIVE:**

Please add any other comments which you believe will assist in the accurate and thorough documenting of this incident and/or in remedying any associated causes.

**Part 11: REQUESTS FROM CUSTOMERS:**

**Reports or Statements:**

If a customer asks for a copy of the Injury Report or of any staff or witness statements, they should be referred to:

BC Liquor Distribution Branch  
**Information Management**  
2625 Rupert Street  
Vancouver, BC V5M 3T5  
604-252-3000

**Review or Copy of Video:**

If a customer requests to view or obtain a copy of the video of the event, forward their name and contact information to Corporate Loss Prevention and advise the customer that someone will be in touch as soon as possible.

**Compensation or Reimbursement for Costs:**

If a customer requests compensation for injury or coverage for expenses, ask them if they want to provide their name and contact information so they can be contacted by someone from Legal Services. If they consent, forward the contact information to Corporate Loss Prevention who will forward it to Legal Services.

Tell the customer they can expect to hear from Legal Services within three weeks. Do not provide the customer with contact information for Legal Services and do not offer compensation for injuries or expenses.

**Part 12: REPORT SUBMITTED BY:**

EMPLOYEE NAME: Leo Eddy

EMPLOYEE NUMBER: s.22

DATE SUBMITTED: MONTH: April DAY: 3rd YEAR: 2018

REMINDER: All staff members who are on shift when an incident is reported are potential witnesses. In some circumstances, other staff may also be interviewed, whether they were working at the time of the event or not. Because civil proceedings can sometimes take years to arrive in Court, it is vital that staff members submit statements as quickly as possible and while the event is still fresh in their minds.

**Instructions on forwarding Reports and Attachments:**

1. This report can be completed by hand and FAXED to Corporate Loss Prevention at 604-252-3450, or it can be completed electronically and emailed to Outlook Address: **LDBCSBIR.**
2. Witness statements can also be FAXED to Corporate Loss Prevention at 604-252-3450 or they can be completed electronically or scanned and emailed to Outlook Address: **LDBCSBIR.**
3. Photographs should be emailed to Outlook Address: **LDBCSBIR.**
4. All attachments or follow-up documents forwarded to Corporate Loss Prevention must include the e-Reporting (ER) number from the original Security Incident Report (SIR).

**Part of the reputation of BC Liquor Stores as a responsible retailer relies on our ability to thoroughly and impartially investigate and document all cases of injury or alleged injury which occur in our stores. As a result, even minor injuries and claims must be reported and all must be thoroughly investigated and documented, including video and photographs.**

Here are the statements of all employees who were present during the customer injury on April 3rd 2018.

DATE: April 1, 2018  
SUNDAY

U.S. EXCHG 0%

AM Cashiers								PM Cashiers							
	Name	Start	End	Shift	1st Coffee	Lunch	2ndCoffee		Name	Start	End	Shift	1st Coffee	Dinner	2ndCoffee
1	Lucille	S.22						1	Stella	S.22					
2	Parking Lot,BREAKAGE,Tidy Tils,Sweep Flrs,Fill 375ml							2	Kassidy						
3	John L	S.22						3	Geoff						
4	Lucy							4	Omand						
5	Luis							5							
6								6							
7								7							
8								8							
									First "Till-less" Cashier - Garbage Duty: 8 tills, 4 bathrooms, 1 warehouse, 2 licensee, 1 litter, 1 breakroom, 1 Sig cellar, 1 Wines of the world, 2 lunchroom (23 in total)						
	LAST BREAK CLEANS KITCHEN								LAST BREAK CLEANS KITCHEN						
	CHECK FOR 2 PIECES OF I.D.														

AM Office							PM Office/POD						
1	Raman	S.22					1	Cristina	S.22				
2							2						

Litter/Warehouse (change mop buckets)							Litter/Warehouse						
✓	Javier	S.22					✓	Peter	S.22				
Please empty/refill litter mop bucket													

AM Warehouse							PM Warehouse						
	Alina	S.22						Rosalie	S.22				

Wholesale							Wholesale						
	Alexi	S.22			punch	orders							

Supervisors							Supervisors						
	Mario	S.22											
	Daniel												
	Madhu												

Consultants							Consultants						
	Benja	S.22											
	Linda												
	Margaret												

Graveyard							Graveyard						
	Loi	S.22											
	Tony C												

First Aid							First Aid						
	Necna							Peter					

Total Hours

157.75





~~SECRET~~  
M.N. APRIL 2, 2018

On Sunday Afternoon  
of April 1, 2018,

I was serving a  
customer on Till 8

I heard a <sup>s.22</sup>  
exclamation <sup>s.22</sup> hurt  
<sup>s.22</sup> I did not  
witness it. I was  
busy serving another  
customer afterwards.

John Lui

Jh y.

EMPLOYEE <sup>s.22</sup>



100% recycled offset paper  
Green-e Certified



I worked sanday  
the 1<sup>st</sup> I was in  
the warehouse  
and did not see  
or hear the accident

Alina Paterson  
*Alina Paterson*

On april 1<sup>st</sup> omand told  
me that his customer  
leaned back and hit <sup>s.22</sup>  
head on the cooler.

I didnt see what  
happened, I only heard  
what omand said, all I  
saw <sup>s.22</sup> at customer  
service, and leave the  
store.

*K Lane*  
Kassidy

No, I did not  
see the incident  
on Sunday April the  
1st. I saw s.22 at  
customer service and  
I saw s.22 leave.

- Geoffrey So

*Geoffrey So*

Name: Lucy Liu  
Employment ID: s.22

I worked last Sunday (April 1, 2018)

I was not aware that  
anybody got injured in the  
store.

*Lucy Liu*

## Fwd: Incident Report

Leo Eddy s.22

Fri 06/04/2018 5:00 PM

To: Eddy, Leo LDB:EX s.22

Begin forwarded message:

From: Omand Ulomi s.22  
Date: April 6, 2018 at 2:38:11 AM PDT  
To: leoeddy s.22  
Subject: Incident Report

Just following up on that incident report that you requested, sorry for the late response. As for the actual incident. What I saw was the s. stretch, leaning s. head back, which was followed by S. hitting s. head on the mini fridge behind s.22 claimed to have headaches and pain.

This was essentially all that happened.

Thanks  
Sincerely,

Omand Ulomi

My Shift on Sunday, April 1, 2018. Started  
⊙ at 2pm to 9-30pm. I did not know anything  
about the incident happened ~~at~~ in the store that night

Stellachen.

I was not ~~not~~ aware of any incident occurring  
on April 1st / 2018.

Alexi Watchorn

s.22

Sunday April 01/2018

Hi Leo

There was a situation @ till #7.  
I am attaching customers business card.  
Apparently <sup>s.22</sup> was <sup>already</sup> having a  
bad headache, as that's what <sup>s.22</sup> told  
me and Cristina, and after paying for  
<sup>s.22</sup> purchase, <sup>s.22</sup> moved slightly backwards  
and hit <sup>s.22</sup> head on the cooler. No one  
saw this not even the cashiers, as <sup>s.22</sup>  
<sup>s.22</sup> says they were busy chatting away.  
<sup>s.22</sup> came to report to me and  
wanted me to forward this message to  
one of the Managers, and expects one  
of the Managers to call <sup>s.22</sup>  
We offered to ~~call~~ give <sup>s.22</sup> first aid  
but <sup>s.22</sup> refused, ~~offered~~ to call ambulance  
again <sup>s.22</sup> refused, offered to call Cab,  
<sup>s.22</sup> refused as <sup>s.22</sup> was driving and wanted  
to leave. We offered <sup>s.22</sup> to rest a  
while but <sup>s.22</sup> said <sup>s.22</sup> will rest in  
<sup>s.22</sup> car and then leave. <sup>s.22</sup> said <sup>s.22</sup>  
hadn't had any alcohol drinks for the  
last 48 hrs.

Including a copy of <sup>s.22</sup> receipt which  
shows <sup>around the</sup> time that could have happened.

This Madhu S.

Fw: Incident Report April 1st, 2018 (s.22 hit s.22 head at till 7)

Eddy, Leo LDB:EX

Tue 03/04/2018 10:55 AM

To s.22

Thank you

Leo Eddy

Manager

BCLS# 160 39th & Cambie Signature Store

p 604.660.9463. / f 604.664.0878 /

e [leo.eddy@bcliquorstores.com](mailto:leo.eddy@bcliquorstores.com)

**BC LIQUOR STORES** - CELEBRATE LIFE...ENJOY RESPONSIBLY

[www.bcliquorstores.com](http://www.bcliquorstores.com)

---

From: Lin, Ben LDB:EX

Sent: April-02-18 11:50 AM

To: Eddy, Leo LDB:EX

Subject: Incident Report April 1st, 2018 (s.22 hit s.22 head at till 7)

hi Leo,

I am reporting that I did not see or hear anything about the s.22 hurting s.22 head at Till 7 around 4:30 PM on April 1st, 2018.

*Benjamin Peng-I Lin*

WSET Certified; FWS; CWS

--

**Product Consultant**

#160 - 39th and Cambie

BC Liquor Stores

T: 604-660-9463 C: 604-783-8589

E: [ben.lin@bcliquorstores.com](mailto:ben.lin@bcliquorstores.com)



## statement request

Fenger, Linda LDB:EX

Mon 02/04/2018 12:51 PM

To: Eddy, Leo LDB:EX <Leo.Eddy@bcliquorstores.com>;

Hello Leo,

After checking my texts;

it is apparent that on Sunday April 1st, I was at the PC pod talking to Margaret. I had received a text about a casino and was relaying it to her.

I heard absolutely nothing about the reported customer incident, other than reading Madu's note on your desk at the end of my shift.

Sincerely,

Linda

Linda Fenger  
Product Consultant  
BCLS #160-39th & Cambie Signature Store  
T:604-660-9463  
F:604-664-0878  
E:linda.fenger@bcliquorstores.com

## INCIDENT REPORT - APRIL 01, 2018-SUNDAY

Caballes, Cristina LDB:EX

Tue 03/04/2018 11:39 AM

To: Eddy, Leo LDB:EX &lt;Leo.Eddy@bcliquorstores.com&gt;:

-I was at the customer service counter and an s.22 approached me asking for the manager in charge. s said s hit s head on the cooler located in front of Register # 8. I am not a witness because I did not see the actual incident.  
s 2 complained that s head really hurts and that s feels dizzy.

- I Offered s a chair to sit down on and I also suggested I could call 911.

s 2 refused to sit and refused my offer to call 911 and told me s planned to sit in s car and then drive home. s said s just wanted us to know it had occurred. My manager in charged (Madhu) came and took over.

Thank you,  
Cristina M. Caballes  
NPI Advocate\Relief Product Consultant/WSET Certified  
BCLS# 160 39th & Cambie Signature Store  
p 604.660.9463. / f 604.664.0878 /  
email: cristina.caballes@bcliquorstores.com  
BC LIQUOR STORES - CELEBRATE LIFE...ENJOY RESPONSIBLY  
www.bcliquorstores.com

April 1st, 2018

4:47pm

Javier Buritica

I did not see the customer hitting s.22 head against the fridge. I only saw s.22 when s.22 came to Customer Service. Here, Madhu was grabbing the customer's personal information, ~~and~~ ~~as~~ ~~with~~ ~~us~~ and a statement of what had occurred. Christina, who had been in the office since too, and Madhu, offered to call an 'ambulance, someone to come help s.22, 911, or paramedics'. The Customer rejected all offers, and ~~to~~ informed us s.22 only had a ~~big~~ headache, and did not want to be told so ~~by~~ by paramedics [big headache]. Christina informed s.22 of how dangerous it could be ~~for~~ s.22 to leave in that condition. s.22 still left.

April 5, 2018

Luis Machuca

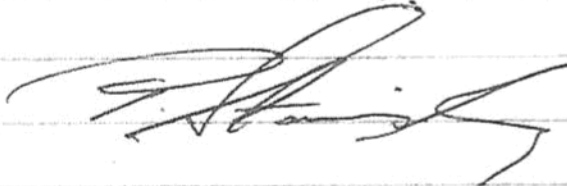
I Luis machuca worked on Sunday  
April 1, 2018 I did not witness  
any incident or witness accident  
As I was working in the warehouse

LM

Peter SASSINOPoulos

APRIL 5, 2018

I WORKED APRIL 1, 2018 IN THE  
WAREHOUSE FROM 2pm to 9:30pm. I DID NOT  
WITNESS ANY INJURIES OR ACCIDENTS  
ON MY SHIFT THAT DAY



Margaret Herd April 1 2018

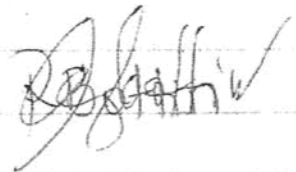
I worked that day, but did not witness  
any incident, or accident that happened to  
a customer (~~that~~ I did not see)  
that customer.

M. Herd.

April 5, 2018

To Whom It may Concern:

I, Rosalie Bottin worked on  
Sunday, April 1st 2018, didn't  
witness any injury as I was working  
in the warehouse.



**BC Liquor Distribution Branch**

3200 East Broadway

Vancouver, British Columbia Canada

V5M 1Z6

# Incident Report

---

Incident Number: INCD-2017-08-00175

File Number: 148.2017.ER15160

Class/Category: Non-Criminal/Injury

Occurred From Date/Time: 8/18/2017 4:55 PM

Status: Open



**LIQUOR  
DISTRIBUTION  
BRANCH**



Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

## Incident Details

### Incident Details

Incident Number: INCD-2017-08-00175

File Number: 148.2017.ER15160

e-Incident Number: ER-0000015160

Reported Date/Time: 8/18/2017 5:36 PM

Occurred From Date/Time: 8/18/2017 4:55 PM

#### Classification

Class: Non-Criminal

Category: Injury

SubCategory: Customer

Type: No Video

#### Business Unit

Security Involvement: No

### Summary:

Customer was crouched down looking at coolers in refrigerator. I was wheeling a stack of 12 cases of Corona and was passing some customers making sure not to run over their toes. Upon passing them I was looking over my left side and did not see e at all as e was down low to the ground and in my blind spot. I bumped into e right ankle and stopped immediately as I felt the collision. I helped e to e feet, took e to the lunch room and iced e foot and right forearm which were bruised. I bandaged a small cut on e right hand as well. We stayed in the lunch room for 10 minutes and e then said e was ok to go and walked normally to the cooler section again. I grabbed a 4 pack of cider for e and walked with e to the cashier. I gave e a hug upon leaving and e said e was fine and "not to worry about it, accidents happen." I gave e an ice pack to take with e.

#### Physical Location

Site: 148 MISSION PARK

City: KELOWNA

Area: 7

Address: #35 - 3155 Lakeshore Rd,  
Kelowna, BC V1W 3S9

### Supplemental Details

Reported to Police: No

Reported to Division: No

Reported to Supervisor: Yes

Follow-up Required: No

Police File Number:

Supervisor Reported To: MCTIERNAN, PETER  
e 2

## Incident Involvement Section

Linked Person

Total = 11

Owner Workgroup:

Corporate Loss  
Prevention

Access Level:

Level 3

Local Print Date/Time:

12/14/2018 12:33 PM

Page 1 of 13

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

ANDERSON, HAYLEY

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid

No

Administered?:

Marital Status:

Person

No

Hospitalized?:

Employee?: No

Injured:

No

Interviewed?: No

Notes:

Linked To Person: ANDERSON,  
HAYLEY

Owner Workgroup:

Corporate Loss  
Prevention

Access Level:

Level 3

Local Print Date/Time:

12/14/2018 12:33 PM

Page 2 of 13

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

BAKER, SCOTT

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid  
Administered?: No

Marital Status:

Person No  
Hospitalized?:

Employee?: No

Injured: No

Interviewed?: No

Notes:

Linked To Person: BAKER, SCOTT

CHAMBERLAIN, ZAC

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid  
Administered?: No

Marital Status:

Person No  
Hospitalized?:

Employee?: No

Injured: No

Interviewed?: No

Notes:

Linked To Person: CHAMBERLAIN, ZAC

Owner Workgroup:

Corporate Loss  
Prevention

Access Level:

Level 3

Local Print Date/Time:

12/14/2018 12:33 PM

Page 3 of 13

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

LEMIIRE, KAREN

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid

No

Administered?:

Marital Status:

Person

No

Hospitalized?:

Employee?: No

Injured: No

Interviewed?: No

Notes:

Linked To Person: LEMIIRE, KAREN

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

MCBRIDE, EMERALD

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid

No

Administered?:

Marital Status:

Person

No

Hospitalized?:

Employee?: No

Injured: No

Interviewed?: No

Notes:

Linked To Person: MCBRIDE,  
EMERALD

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

SANDERS, CARRIE

Involvement Type: Store Employee

Date of Birth:		Phone Number:	
Gender:		Address:	
Hair Color:			
Eye Color:			
Height:	00' 00"		
Weight:	0lbs	First Aid Administered?:	No
Marital Status:		Person Hospitalized?:	No
Employee?:	No	Injured:	No
Interviewed?:	No	Notes:	
Linked To Person:	SANDERS, CARRIE		

SEWELL, RICK s.22

Involvement Type: Store Employee

Date of Birth:		Phone Number:	
Gender:		Address:	
Hair Color:			
Eye Color:			
Height:	00' 00"		
Weight:	0lbs	First Aid Administered?:	No
Marital Status:		Person Hospitalized?:	No
Employee?:	No	Injured:	No
Interviewed?:	No	Notes:	
Linked To Person:	SEWELL, RICK s.22		

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

s.22

Involvement Type: s.22

---

Date of Birth:		Phone Number:	s.22
Gender:		Address:	
Hair Color:			
Eye Color:			
Height:	00' 00"		
Weight:	0lbs	First Aid Administered?:	No
Marital Status:		Person Hospitalized?:	No
Employee?:	No	Injured:	No
Interviewed?:	No	Notes:	
Linked To Person:	s.22		

SMIT, JENN s.22

Involvement Type: Store Employee

---

Date of Birth:		Phone Number:	
Gender:		Address:	
Hair Color:			
Eye Color:			
Height:	00' 00"		
Weight:	0lbs	First Aid Administered?:	No
Marital Status:		Person Hospitalized?:	No
Employee?:	Yes	Injured:	No
Interviewed?:	No	Notes:	
Linked To Person:	SMIT, JENN s.22		

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

TRENDALL, PATRICIA s.22

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid

No

Administered?:

Marital Status:

Person

No

Hospitalized?:

Employee?: No

Injured: No

Interviewed?: No

Notes:

Linked To Person: TRENDALL,  
PATRICIA s.22



Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

WEN, LIU

Involvement Type:

Store Employee

Date of Birth:

Phone Number:

Gender:

Address:

Hair Color:

Eye Color:

Height: 00' 00"

Weight: 0lbs

First Aid

No

Administered?:

Marital Status:

Person

No

Hospitalized?:

Employee?: No

Injured: No

Interviewed?: No

Notes:

Linked To Person: WEN, LIU

Owner Workgroup:

Corporate Loss  
Prevention

Access Level:

Level 3

Local Print Date/Time:

12/14/2018 12:33 PM

Page 9 of 13

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

## Incident Narratives

### Incident Narratives

Total = 2

AUTHOR: MCTIERNAN, PETER  Narrative Type: Occurrence Report

---

Created By Date/Time 8/22/2017 1:24 PM Sealed No

**Narrative:**

I was in contact with the store manager Carri Sanders and advised her we would also need a CIR and to ensure the entire video from when the customer entered to when she exited was included. She had not been aware the CIR was required and advised she would complete same ASAP.

AUTHOR: MCTIERNAN, PETER  Narrative Type: Concluding Remarks

---

Created By Date/Time 8/29/2017 11:22 AM Sealed No

**Narrative:**

Advised by Tracy all info sent to Legal.

NFAR  
CH

## Attachments

### Additional Attachments

Total = 7

**Incident Number: INCD-2017-08-00175**

Class/Category: Non-Criminal/Injury

Status: Open

Attachment Title:	148 MISSION PARK Non-CriminalInjury	File Name:	148 MISSION PARK Non- CriminalInjury.msg
Attachment Type:	Email	File Size:	52 KB
		Description:	email from manager
-----			
Attachment Title:	CIR ER15160 Aug 18 BCLS 148 KELOWNA MISSION PARK	File Name:	CIR ER15160 Aug 18 BCLS 148 KELOWNA MISSION PARK.doc
Attachment Type:	Customer Injury Report	File Size:	218 KB
		Description:	
-----			
Attachment Title:	Customer Injury August 18 #148	File Name:	Customer Injury August 18 #148.msg
Attachment Type:	Customer Injury Report	File Size:	269 KB
		Description:	
-----			
Attachment Title:	Gateway Import Parse Errors	File Name:	Gateway Import Parse ErrorsTXT
Attachment Type:	System File	File Size:	0 KB
		Description:	Please verify any missing data.
-----			
Attachment Title:	Gateway Import XML	File Name:	Gateway Import XMLXML
Attachment Type:	System File	File Size:	5 KB
		Description:	Original Gateway Import XML
-----			
Attachment Title:	Sanders email	File Name:	Sanders email.msg
Attachment Type:	Email	File Size:	41 KB
		Description:	email from Manager
-----			
Attachment Title:	Tracy Customer Injury August 18 #148	File Name:	Tracy Customer Injury August 18 #148.msg
Attachment Type:	Email	File Size:	211 KB
		Description:	email from Tracy advising sent to legal
-----			

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

## Investigation Details

### Investigation Start Date:

---

Investigation Last Review  
Date:

Investigation Closed Date: 8/29/2017

Investigation Initiated By  
Person: MCTIERNAN, PETER  
e 2

Investigation Duration: 0

Total Time Spent: 0 Hrs. 0 Min.

Total Expenses:

Investigation Comments:

Incident Number: INCD-2017-08-00175

Class/Category: Non-Criminal/Injury

Status: Open

## Incident Controls

### Incident Controls

Org Rollup Name

Org Level 1:

Org Level 2:

Org Level 3:

Org Level 4:

Access Level: Level 3

Status: Open

Disposition:

Expiry Date:

Locked: No

Archive (record not visible): No

Record Owner:

### Incident Visibility

Owner Workgroup: Corporate Loss Prevention

All Workgroups: Update

Exceptions:

Workgroup Name

Record Rights

### Assignments

Assigned Date: 8/21/2017 12:00 AM

Assignment Type: Follow-up Activity

Assigned To Person: MCTIERNAN, PETER

Completed?: Yes

Completed Date: 8/29/2017

Assigned By Person: POWELL, TRACY

Message/Task: 148 - INJURY



Incident Record Created By s 15 8/21/2017 3:48 PM GMT

Last Modified By s 15 8/29/2017 7:22 PM GMT

Owner Workgroup:  
Corporate Loss  
Prevention

Access Level:  
Level 3

Local Print Date/Time:  
12/14/2018 12:33 PM

Page 13 of 13

## **Fernando, Ricco LDB:EX**

---

**From:** Sanders, Carrie LDB:EX  
**Sent:** Monday, August 21, 2017 1:35 PM  
**To:** McTiernan, Peter LDB:EX; BCLS148 Kelowna Mission Park LDB:EX  
**Subject:** Re: SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

video was burnt on Sat night but I'm guessing they filled out a SIR instead of a customer incident report

Thanks,  
Carrie Sanders  
Senior Store Manager  
Mission Park Liquor Store #148  
35-3155 Lakeshore Rd  
Kelowna, BC

---

**From:** McTiernan, Peter LDB:EX  
**Sent:** Monday, August 21, 2017 1:20 PM  
**To:** BCLS148 Kelowna Mission Park LDB:EX; Sanders, Carrie LDB:EX  
**Subject:** FW: SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

Good day folks,

This will require a complete CIR and video be sent to Head Office. I understand all seems alright but Legal Services will require it. Please ensure the video is captured !

Regards Peter

Peter McTiernan  
Investigator, Corporate Loss Prevention - Investigations BC Liquor Distribution Branch  
201-1740 Gordon Drive, Kelowna BC V1Y 3H2  
T: 250 861-7333 E: [peter.mctiernan@bcldb.com](mailto:peter.mctiernan@bcldb.com)

The LDB is proud to contribute over \$1 billion annually to the Province of British Columbia. Our contribution helps provide financial support for vital public services including health care and education.

Disclaimer: The content of this e-mail is intended solely for the use of the individual or entity to whom it is addressed. If you have received this communication in error, be aware that forwarding it, copying it, or in any way disclosing its content to any other person, is strictly prohibited. If you have received this communication in error, please notify the author immediately and delete this message including any attachments.

-----Original Message-----

**From:** Do Not Reply [<mailto:donotreply@bcldb.com>]  
**Sent:** Monday, August 21, 2017 9:00 AM  
**To:** LDB D LP Investigators  
**Subject:** SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

e-Report number: ER-0000015160

Incident Date and Time: Aug 18 2017 4:55:00 PM

Store: 148 MISSION PARK

Class/Category: Non-Criminal/Injury

Incident Narrative (Details):

Customer was crouched down looking at coolers in refrigerator. I was wheeling a stack of 12 cases of Corona and was passing some customers making sure not to run over their toes. Upon passing them I was looking over my left side and did not see [redacted] at all as [redacted] was down low to the ground and in my blind spot. I bumped into [redacted] right ankle and stopped immediately as I felt the collision. I helped [redacted] to [redacted] feet, took [redacted] to the lunch room and iced [redacted] foot and right forearm which were bruised. I bandaged a small cut on [redacted] right hand as well. We stayed in the lunch room for 10 minutes and [redacted] then said [redacted] was ok to go and walked normally to the cooler section again. I grabbed a 4 pack of cider for [redacted] and walked with [redacted] to the cashier. I gave [redacted] a hug upon leaving and [redacted] said [redacted] was fine and "not to worry about it, accidents happen." I gave [redacted] an ice pack to take with [redacted]

Reported by: ,

Persons:

Store Employee - SEWELL, RICK [redacted]

This notification was sent automatically by Perspective Workflow Please do not respond to this email



# LIQUOR DISTRIBUTION BRANCH

## Customer Injury Report

(Must be accompanied by a Security Incident Report - SIR)

<b>Date of Incident:</b>	8/18/17	<b>Time:</b>	16:55
<b>Store:</b>	148	<b>SIR #:</b>	Er-0000015160

Corporate Loss Prevention coordinates the investigation of all customer injuries occurring in BC Liquor Stores. In all incidents where a person is injured or alleges to have been injured in a store, the circumstances must be thoroughly and impartially investigated and documented.

The first priority in all injury cases is to address the customer's immediate medical needs, if any, including calling an Ambulance and/or Paramedics if appropriate. Once the customers' needs have been addressed, and if a camera is available, the area where the injury occurred should be photographed as-is before any efforts are made to clean up. In addition, any faulty or damaged products or fixtures which may have contributed to the incident should be secured for follow-up investigation.

Store Managers must ensure that a Security Incident Report (SIR) and Customer Injury Report<sup>1</sup> are completed and forwarded to Corporate Loss Prevention as soon as practicable, including statements from staff and from any customers who might have witnessed the event. If video is available, that should also be retrieved and forwarded.

**CAUTION:** Staff members should not discuss with the customer or witnesses any factors which might have contributed to the incident. If a staff member is asked to comment, please assure the person that the incident will be documented and forwarded to Corporate Loss Prevention. If the customer asks to make a statement, they should be given the opportunity to do so, and their statement should be forwarded along with the Customer Injury Report.

**CUSTOMER REQUESTS:** See Part 11 of this report for instructions regarding customer requests for documents, video, or to receive compensation or reimbursement for any costs associated to an injury event.

**NOTE:** When information is obtained from injured customers or witnesses, they must be advised that their information will be managed according to the Freedom of Information and Protection of Privacy Act, and is collected in the event of future litigation. The information is also collected to facilitate follow-up investigation and to allow Corporate Loss Prevention to fulfil its mandate to protect BCLDB customers, staff, property and assets.

Personal information may be provided to other parties involved in the investigation and resolution of the incident. If the person has any questions, they can contact the Manager of Corporate Loss Prevention Investigations at 604-252-3440.

<sup>1</sup> BCLDB Corporate Security Manual, "Unlawful Activities and Store Incidents," Section 25.0 - Customer Illness and Injury



British Columbia Liquor Distribution Branch – Customer Injury Report

**Part 1: CUSTOMER AND INCIDENT:**

#1: Full name, address and phone number of the customer involved:

LAST NAME: s.22 FIRST NAME: s.2  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PROVINCE/STATE: \_\_\_\_\_  
PHONE: WORK: s.22 HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
DATE OF BIRTH: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_  
or APPROXIMATE AGE: s

#2: Describe, as accurately as possible, the setting and circumstances of the incident or claim and the nature of the injury suffered or alleged.

Customer was crouched down looking at coolers in the refrigerator. Rick was wheeling a stack of 12 packs of Corona and was passing some customers. He was looking on the left side where the customers were in order to not run over their toes. Rick did not see s.2 as s.2 was down low to the ground and in his blind spot. He bumped into s.2 right ankle and stopped immediately as he felt the collision. Rick helped s.2 to s.2 feet and took s.2 to the lunch room. s.2 iced s.2 foot and right forearm, which was bruised. There was also a small cut on s.2 right hand which required a bandage. They stayed in the lunch room for 10 min and then s.2 said s.2 was okay to go. s.2 walked normally to the cooler section. Rick grabbed her a 4 pack of cider and walked with s.2 to the cashier. Rick gave s.2 a hug upon leaving and s.2 said s.2 was fine and "not to worry about it. Accidents happen."

#3: Document, as accurately as possible, what the customer said regarding the injury/incident.

When it first happened s.2 said it hurt and asked for some ice. s.2 said I was down on the ground and looking the other way. It was an accident. s.2 said s.2 was fine but a little sore. Not to worry about as accidents happen.

#4: Describe the customer's condition prior to the incident or claim occurring, including any factors which may have contributed to the event. These would include whether they appeared injured or under the influences of intoxicating substances prior to the event. If so, describe their symptoms, including any odour or other evidence of intoxicants.

**British Columbia Liquor Distribution Branch – Customer Injury Report**

§ was crouched down looking at the bottom shelf with § head turned to the left away from me.

**British Columbia Liquor Distribution Branch – Customer Injury Report**

- #5: Describe the customer's clothing and footwear, particularly if they slipped and their clothing or footwear may have been a factor in the incident. If outside weather was a factor, for example a person had snow on their feet when they entered; describe that also, including what steps the store had taken to keep the area clean and when that was last done.

Wearing summer shorts and wedges.

- #6: Describe the assistance offered or provided to the customer by store staff or by bystanders/customers:

She was provided first aid immediately. Sore areas iced for ten minutes and ice pack sent away with her.

**Part 2: DOCUMENTATION OF INCIDENT SCENE:**

- #1: Use the store digital camera to take photographs of the area in or outside the store where the accident happened before making any efforts to clean up and without altering the scene. Forward the photos and complete video, if available, to Corporate Loss Prevention.

PHOTOS INCLUDED: NO: ☒ Y YES: ☐

If yes, Date and Time the photos were taken:

DATE OF PHOTOS: MONTH:  DAY:  YEAR:  TIME:

PHOTOS TAKEN BY (Employee Name): \_\_\_\_\_

NOTE: If no camera is available, provide a sketch of the area. Include on the sketch the date and time it was created and by whom. Also include in the sketch the location of any items which may have contributed to the incident, (i.e. something the customer tripped on).

- #2: Provide a description of the scene both before and after the incident. If video is available, try to identify and include any contributing events prior to the incident. For example, "ten minutes prior to the customer slipping another customer walked through the area with snow falling from their shoes." Depending on the nature of the incident, consider the following guidelines in your description:

## British Columbia Liquor Distribution Branch – Customer Injury Report

Slip and Fall incidents: Where a customer has slipped or fallen, confirm if there were any substances on the floor, such as water or other liquid, which may have contributed to the incident. Also describe the source of the substance (i.e. snow or ice from customer's shoes, spilled product, leaking pipes etc). Indicate if there were warning signs posted (i.e. "Wet Floor") and whether staff had mopped the area or done other maintenance. If so, when was that done and by whom?

Tripping Incidents: Where a customer trips, indicate what they tripped on and the source of that item (e.g. products left in the aisle, items dropped or left by a customer, maintenance equipment, etc).

Other Incidents: In any case where a customer is injured on a piece of LDB equipment, on a store fixture, or by a damaged or defective product (e.g. cuts from broken glass), describe the condition of the equipment, fixture or product prior to the incident. If there was previous damage, or any previous incidents of injury associated to the equipment, fixture or product; advise what steps were taken and by whom to remedy the situation prior to the current incident. If a damaged product was involved, could it have been damaged before being received into the store; was it defective, or did the product break as result of mishandling?

EXPLAIN: Ensure that staff are looking in all directions when wheeling onto the floor.

### **Part 3: STAFF - INVOLVED:**

Note: All staff members who were working when an incident occurred are required to submit a written statement detailing their observations and involvement, if any.

#1: LAST NAME: Sewell FIRST NAME: Rick EMPLOYEE #: 622

PROVIDED ASSISTANCE? NO: ☐ YES: ☒

Provided first aid.

#2: LAST NAME: Smit FIRST NAME: Jenn EMPLOYEE #: 622

PROVIDED ASSISTANCE? NO: ☐ YES: ☒

IF YES, EXPLAIN:

Assisted with first aid

British Columbia Liquor Distribution Branch – Customer Injury Report

#3: LAST NAME: Baker FIRST NAME: Scott EMPLOYEE #: 622

PROVIDED ASSISTANCE? NO: ☒ YES: ☐

IF YES, EXPLAIN: In lunchroom when it happened.

(Attach additional pages if required)

**Part 4: NON-EMPLOYEES INVOLVED:**

#1: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

INVOLVEMENT:

#2: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

INVOLVEMENT:

#3: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

British Columbia Liquor Distribution Branch – Customer Injury Report

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PROVIDED ASSISTANCE? NO: ☐ YES: ☐

INVOLVEMENT:

(Attach additional pages if required)

**Part 5: EMERGENCY SERVICES INVOLVED:**

AMBULANCE: If an ambulance attends, provide:

Ambulance File Number (if any): \_\_\_\_\_

Ambulance Unit Number: \_\_\_\_\_

Paramedic's Name: \_\_\_\_\_

Paramedic's Name: \_\_\_\_\_

POLICE: If police attend, provide:

Police File Number: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

(If possible, obtain a business card with the police officer's contact information and email.)

FIRE – RESCUE: If the fire department attends, provide:

Fire Department File Number (if any): \_\_\_\_\_

Fire Department Senior Officer attending: \_\_\_\_\_

**Part 6: TREATMENT AND OUTCOME:**

Did the customer require any first aid or other treatment? NO: ☐ YES: ☒

If yes, explain: Ice was applied to sore area and a bandaid was applied to a cut no more than 3 mm long on c. finger.

If the customer was transported to a medical facility, please indicate the name of the facility.

**Part 7: OTHER STAFF ON SHIFT – NOT INVOLVED:**

Provide names of all employees who were on shift at the time of the incident who are not listed above. These employees must also provide a statement indicating where they were in the store at the time of the incident and what involvement they had, if any, including any observations they had of the incident scene prior to the accident.

Original copies of employee statements must be forwarded to Corporate Loss Prevention.

#1: LAST NAME: Liu FIRST NAME: Wen EMPLOYEE #: 622

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

On register

#2: LAST NAME: Mcbride FIRST NAME: Emerald EMPLOYEE #: 622

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

Heading to back of store from register

#3: LAST NAME: Chamberlain FIRST NAME: Zack EMPLOYEE #: 622

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

On register

#4: LAST NAME: Anderson FIRST NAME: Hayley EMPLOYEE #: 622

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

On register

British Columbia Liquor Distribution Branch – Customer Injury Report

#5: LAST NAME: Trendall FIRST NAME: Patricia EMPLOYEE #: 622

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?

In the backroom working on the liquor load

#6: LAST NAME: Lemiire FIRST NAME: Karen EMPLOYEE #: 622

WHAT WAS THIS EMPLOYEE DOING AND WHERE WERE THEY LOCATED WHEN THE INCIDENT OCCURRED?



**Part 8: OTHER POTENTIAL WITNESSES:**

Provide names of potential witnesses, not listed previously, who may have been in the store at the time of the incident even if they did not provide assistance or were not otherwise involved.

#1: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WITNESSED INCIDENT: NO: ☐ YES: ☐  
INVOLVEMENT: \_\_\_\_\_

#2: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WITNESSED INCIDENT: NO: ☐ YES: ☐  
INVOLVEMENT: \_\_\_\_\_

#3: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WITNESSED INCIDENT: NO: ☐ YES: ☐  
INVOLVEMENT: \_\_\_\_\_

Forward all original statements to Corporate Loss Prevention.

**Part 9: INCIDENT FOLLOW-UP:**

Instructions:

The Store Manager should ask the customer if it is alright to contact them after the accident to check on their condition. If the customer consents, they should be contacted within two days of the incident.

If contact is made or attempted after the Customer Injury Report has been submitted, the Store Manager should submit a follow-up email to Corporate Loss Prevention, detailing that contact was made and updating the customer's condition. The email should cite the date of the original incident and the e-Reporting (ER) number from the original Security Incident Report. It should be emailed to Outlook Address: **LDBCSBIR**.

#1: Has follow-up contact been made with the customer and by whom?

NO: ☐ YES: ☒

Explain and include any updates on the customer and their condition:  
Rick called the customer later in the evening on the 18<sup>th</sup> and then again on the 19<sup>th</sup>. On the 19<sup>th</sup> ☐ stated that ☐ was sore but that it was okay and ☐ understood that it was an accident. ☐ mentioned that ☐ was currently in the Lower Mainland shopping at Ikea.

#2: Has this customer reported a previous injury at this store?

NO: ☒ YES: ☐

If yes, explain:

#3: If any damage occurred to store property or fixtures, has this been reported to LDB Real Estate or another department?

NO: ☒ YES: ☐

If yes, to which department(s), when and to whom?

**Part 10: OTHER NARRATIVE:**

Please add any other comments which you believe will assist in the accurate and thorough documenting of this incident and/or in remedying any associated causes.

A customer had opened one of the cooler doors and was effectively blocking Rick's view of c... where c... was kneeling on the floor.

**Part 11: REQUESTS FROM CUSTOMERS:**

**Reports or Statements:**

If a customer asks for a copy of the Injury Report or of any staff or witness statements, they should be referred to:

BC Liquor Distribution Branch  
**Information Management**  
2625 Rupert Street  
Vancouver, BC V5M 3T5  
604-252-3000

**Review or Copy of Video:**

If a customer requests to view or obtain a copy of the video of the event, forward their name and contact information to Corporate Loss Prevention and advise the customer that someone will be in touch as soon as possible.

**Compensation or Reimbursement for Costs:**

If a customer requests compensation for injury or coverage for expenses, ask them if they want to provide their name and contact information so they can be contacted by someone from Legal Services. If they consent, forward the contact information to Corporate Loss Prevention who will forward it to Legal Services.

Tell the customer they can expect to hear from Legal Services within three weeks. Do not provide the customer with contact information for Legal Services and do not offer compensation for injuries or expenses.

**Part 12: REPORT SUBMITTED BY:**

EMPLOYEE NAME: Carrie Sanders

EMPLOYEE NUMBER: s 22

DATE SUBMITTED: MONTH: August DAY: 21 YEAR: 2017

REMINDER: All staff members who are on shift when an incident is reported are potential witnesses. In some circumstances, other staff may also be interviewed, whether they were working at the time of the event or not. Because civil proceedings can sometimes take years to arrive in Court, it is vital that staff members submit statements as quickly as possible and while the event is still fresh in their minds.

**Instructions on forwarding Reports and Attachments:**

1. This report can be completed by hand and FAXED to Corporate Loss Prevention at 604-252-3450, or it can be completed electronically and emailed to Outlook Address: **LDBCSBIR.**
2. Witness statements can also be FAXED to Corporate Loss Prevention at 604-252-3450 or they can be completed electronically or scanned and emailed to Outlook Address: **LDBCSBIR.**
3. Photographs should be emailed to Outlook Address: **LDBCSBIR.**
4. All attachments or follow-up documents forwarded to Corporate Loss Prevention must include the e-Reporting (ER) number from the original Security Incident Report (SIR).

**Part of the reputation of BC Liquor Stores as a responsible retailer relies on our ability to thoroughly and impartially investigate and document all cases of injury or alleged injury which occur in our stores. As a result, even minor injuries and claims must be reported and all must be thoroughly investigated and documented, including video and photographs.**

## **Fernando, Ricco LDB:EX**

---

**From:** Sanders, Carrie LDB:EX  
**Sent:** Monday, August 21, 2017 3:20 PM  
**To:** LDB Branch Incident Reports LDB:EX  
**Cc:** McTiernan, Peter LDB:EX; Kakoske, Mike LDB:EX  
**Subject:** Customer Injury August 18, #148  
**Attachments:** Customer\_Injury\_Report 818.doc

Hello;

Please find attached a copy of the CIR for August 18 at Mission Park #148.

Thanks,

Carrie Sanders

Senior Store Manager

Mission Park Liquor Store #148

35-3155 Lakeshore Rd

Kelowna, BC

## **Fernando, Ricco LDB:EX**

---

**From:** McTiernan, Peter LDB:EX  
**Sent:** Tuesday, August 22, 2017 8:56 AM  
**To:** Sanders, Carrie LDB:EX  
**Subject:** RE: SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

Good morning Carrie,

Could you please ensure the video was burned from the time the customer entered the store to when s exited.

Sorry to be a pain but.....

I'll try and get by later today. s.22  
s.22

P

Peter McTiernan  
Investigator, Corporate Loss Prevention - Investigations BC Liquor Distribution Branch  
201-1740 Gordon Drive, Kelowna BC V1Y 3H2  
T: 250 861-7333 E: [peter.mctiernan@bclldb.com](mailto:peter.mctiernan@bclldb.com)

The LDB is proud to contribute over \$1 billion annually to the Province of British Columbia. Our contribution helps provide financial support for vital public services including health care and education.

Disclaimer: The content of this e-mail is intended solely for the use of the individual or entity to whom it is addressed. If you have received this communication in error, be aware that forwarding it, copying it, or in any way disclosing its content to any other person, is strictly prohibited. If you have received this communication in error, please notify the author immediately and delete this message including any attachments.

-----Original Message-----

**From:** Sanders, Carrie LDB:EX  
**Sent:** Monday, August 21, 2017 1:35 PM  
**To:** McTiernan, Peter LDB:EX; BCLS148 Kelowna Mission Park LDB:EX  
**Subject:** Re: SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

video was burnt on Sat night but I'm guessing they filled out a SIR instead of a customer incident report

Thanks,  
Carrie Sanders  
Senior Store Manager  
Mission Park Liquor Store #148  
35-3155 Lakeshore Rd  
Kelowna, BC

---

From: McTiernan, Peter LDB:EX

Sent: Monday, August 21, 2017 1:20 PM  
To: BCLS148 Kelowna Mission Park LDB:EX; Sanders, Carrie LDB:EX  
Subject: FW: SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

Good day folks,

This will require a complete CIR and video be sent to Head Office. I understand all seems alright but Legal Services will require it. Please ensure the video is captured !

Regards Peter

Peter McTiernan  
Investigator, Corporate Loss Prevention - Investigations BC Liquor Distribution Branch  
201-1740 Gordon Drive, Kelowna BC V1Y 3H2  
T: 250 861-7333 E: [peter.mctiernan@bclldb.com](mailto:peter.mctiernan@bclldb.com)

The LDB is proud to contribute over \$1 billion annually to the Province of British Columbia. Our contribution helps provide financial support for vital public services including health care and education.

Disclaimer: The content of this e-mail is intended solely for the use of the individual or entity to whom it is addressed. If you have received this communication in error, be aware that forwarding it, copying it, or in any way disclosing its content to any other person, is strictly prohibited. If you have received this communication in error, please notify the author immediately and delete this message including any attachments.

-----Original Message-----

From: Do Not Reply [<mailto:donotreply@bclldb.com>]  
Sent: Monday, August 21, 2017 9:00 AM  
To: LDB D LP Investigators  
Subject: SIR Incident - Store #148 MISSION PARK Non-Criminal, Injury

e-Report number: ER-0000015160  
Incident Date and Time: Aug 18 2017 4:55:00 PM  
Store: 148 MISSION PARK  
Class/Category: Non-Criminal/Injury

Incident Narrative (Details):

Customer was crouched down looking at coolers in refrigerator. I was wheeling a stack of 12 cases of Corona and was passing some customers making sure not to run over their toes. Upon passing them I was looking over my left side and did not see [redacted] at all as [redacted] was down low to the ground and in my blind spot. I bumped into [redacted] right ankle and stopped immediately as I felt the collision. I helped [redacted] to [redacted] feet, took [redacted] to the lunch room and iced [redacted] foot and right forearm which were bruised. I bandaged a small cut on [redacted] right hand as well. We stayed in the lunch room for 10 minutes and [redacted] then said [redacted] was ok to go and walked normally to the cooler section again. I grabbed a 4 pack of cider for [redacted] and walked with [redacted] to the cashier. I gave [redacted] a hug upon leaving and [redacted] said [redacted] was fine and "not to worry about it, accidents happen." I gave [redacted] an ice pack to take with [redacted]

Reported by: ,

Persons:

Store Employee - SEWELL, RICK [redacted]

This notification was sent automatically by Perspective Workflow Please do not respond to this email



**Fernando, Ricco LDB:EX**

---

**From:** Powell, Tracy LDB:EX  
**Sent:** Tuesday, August 22, 2017 9:26 AM  
**To:** McTiernan, Peter LDB:EX  
**Subject:** RE: Customer Injury August 18, #148

Thanks Peter. I have sent to legal and updated Perspective.

Cheers,

**Tracy Powell**

Investigator's Assistant, Corporate Loss Prevention  
BC Liquor Distribution Branch  
3200 East Broadway, Vancouver BC V5M 1Z6  
T: 604 252-3440 E: [tracy.powell@bclddb.com](mailto:tracy.powell@bclddb.com)

*The LDB is proud to contribute over \$1 billion annually to the Province of British Columbia. Our contribution helps provide financial support for vital public services including health care and education.*



**LIQUOR  
DISTRIBUTION  
BRANCH**



Disclaimer: The content of this e-mail is intended solely for the use of the individual or entity to whom it is addressed. If you have received this communication in error, be aware that forwarding it, copying it, or in any way disclosing its content to any other person, is strictly prohibited. If you have received this communication in error, please notify the author immediately and delete the message including any attachments.

---

**From:** McTiernan, Peter LDB:EX  
**Sent:** Monday, August 21, 2017 3:21 PM  
**To:** Powell, Tracy LDB:EX  
**Subject:** FW: Customer Injury August 18, #148

fyi

**Peter McTiernan**

Investigator, Corporate Loss Prevention - Investigations  
BC Liquor Distribution Branch  
201-1740 Gordon Drive, Kelowna BC V1Y 3H2  
T: 250 861-7333 E: [peter.mctiernan@bclddb.com](mailto:peter.mctiernan@bclddb.com)

*The LDB is proud to contribute over \$1 billion annually to the Province of British Columbia. Our contribution helps provide financial support for vital public services including health care and education.*



# LIQUOR DISTRIBUTION BRANCH



Disclaimer: The content of this e-mail is intended solely for the use of the individual or entity to whom it is addressed. If you have received this communication in error, be aware that forwarding it, copying it, or in any way disclosing its content to any other person, is strictly prohibited. If you have received this communication in error, please notify the author immediately and delete the message including any attachments.

---

**From:** Sanders, Carrie LDB:EX  
**Sent:** Monday, August 21, 2017 3:20 PM  
**To:** LDB Branch Incident Reports LDB:EX  
**Cc:** McTiernan, Peter LDB:EX; Kakoske, Mike LDB:EX  
**Subject:** Customer Injury August 18, #148

Hello;

Please find attached a copy of the CIR for August 18 at Mission Park #148.

Thanks,  
Carrie Sanders  
Senior Store Manager  
Mission Park Liquor Store #148  
35-3155 Lakeshore Rd  
Kelowna, BC