



VEHICLE-RELATED ACCIDENT QUESTIONNAIRE

(PLEASE PRINT OR TYPE)

This questionnaire should be answered in full, since it will serve as the basic document for the possible recovery of the damages caused by the responsible party.

PERSONAL	
1. Employee's name (in full):	
2. Postal mailing address:	
3. Telephone:	
Home Number Area Code	Office Number Area Code
4. Employer's name and address:	
5. Worksite location of employee :	
ACCIDENT	
6. Date and time of accident:	
7. Location of accident (please complete sketch of accident scene on other side of questionnaire):	
8. Brief statement of your version of this accident (if more space is required, please attach an additional sheet of paper):	
9. Describe conditions at time of accident (please check off the necessary information regarding the accident, on other side of questionnaire):	
10. Were the police called to investigate this accident? If Yes, please give name and address of police force. (please include or forward a copy of accident report completed by police official)	
☐ Yes ☐ No	
11. Name(s) and address(es) of witness(es):	
12. Were any charges laid against you?	
☐ Yes ☐ No	If Yes, what were the charges laid against you and were you convicted?
☐ Yes ☐ No	☐ Yes ☐ No
13. Were charges laid against the other party?	
☐ Yes ☐ No	If Yes, what were the charges laid against the other party and were they convicted?
☐ Yes ☐ No	☐ Yes ☐ No
14. Was the other party an employee of the federal government or a crown corporation or agency?	
☐ Yes ☐ No	
If Yes, was other party on duty at the time of accident? ☐ Yes ☐ No	
DESCRIPTION OF VEHICLES	
15. Please describe the government vehicle (or vehicle in which employee was injured):	
☐ car ☐ truck ☐ motorcycle ☐ other	
year make	
model Type	
Vehicle permit no.: Province:	
Owner's name/address:	
Telephone: Home: Work:	
Driver's name/address (if different than owner):	
Driver's licence no.: Province:	
16. Please describe the other vehicle and/or object:	
☐ car ☐ truck ☐ motorcycle ☐ other	
year make	
model Type	
Vehicle permit no.: Province:	
Owner's name/address:	
Telephone: Home: Work:	
Driver's name/address (if different than owner):	
Driver's licence no.: Province:	
Name/address of Insurance Company:	
INJURIES AND OTHER DAMAGES	
17. Description of your injuries (include photographs, if possible):	
18. Name(s) and address(es) of attending physician(s), therapist(s), or hospital(s):	
19. List any treatment(s) prescribed (include medication):	
20. Description of other damage (torn or soiled clothing, broken glasses [include invoices, where applicable]):	

THESE SYMBOLS MAY BE USED FOR ILLUSTRATING:

- TRAFFIC LIGHT

- STOP SIGN

- PEDESTRIAN / CROSSWALK

- YIELD SIGN

- PEDESTRIAN / ANIMAL

- MOTORCYCLE / BICYCLE

- OTHER VEHICLE

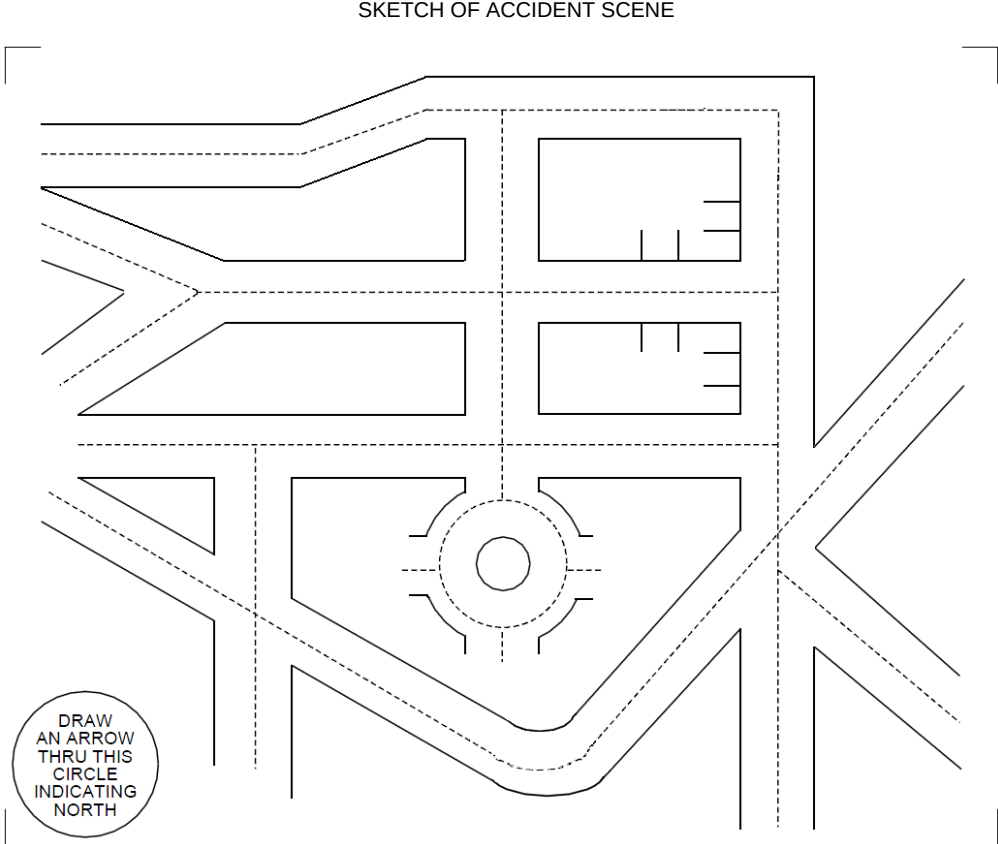
- GOVERNMENT VEHICLE

- TRAIN

SELECT PART OF SKETCH MOST RESEMBLING ACCIDENT SCENE

SHOW:

- POSITION OF VEHICLE AND OBJECTS INVOLVED, BEFORE ACCIDENT, AT IMPACT AND AFTER ACCIDENT.
- TRAFFIC LIGHTS, SIGNS.
- DESIGNATIONS OF STREETS AND ROADS.
- DISTANCE OF SKID.



CHECK OR GIVE INFORMATION REQUIRED									
WEATHER CONDITIONS		ROAD CONDITIONS		ESTIMATED SPEED		RAILROAD CROSSING			
1. CLEAR	☐	1. DRY	☐	1. BEFORE TAKING ACTION TO AVOID ACCIDENT		1. AUTOMATIC SIGNAL	☐		
2. CLOUDY	☐	2. ICY	☐	2. AT MOMENT OF IMPACT		2. GATES NOT DOWN	☐		
3. FOG OR MIST	☐	3. LOOSE SAND OR GRAVEL	☐	WHAT WAS DRIVER DOING?		3. GUARDED, MAN ON DUTY	☐		
4. RAIN	☐	4. MUDDY	☐	1. CAR RUN AWAY	☐	4. SIGNAL NOT GIVEN	☐		
5. SMOKE OR DUST	☐	5. SNOWY	☐	2. CAR STANDING IN ROADWAY	☐	5. UNGUARDED CROSSING	☐		
6. SNOW	☐	6. WET	☐	3. CUTTING IN	☐	6. OTHER, PLEASE SPECIFY	☐		
7. VISIBILITY GOOD	☐	7. DEFECT IN ROADWAY	☐	4. CUTTING LEFT CORNER	☐		☐		
8. VISIBILITY FAIR	☐	8. DITCHES (DESCRIBE)	☐	5. DID NOT HAVE RIGHT-OF-WAY	☐	WHAT WAS PEDESTRIAN DOING?			
9. VISIBILITY POOR	☐	9. HEAVY TRAFFIC	☐	6. DROVE OFF ROADWAY	☐	1. COMING FROM BEHIND PARKED/MOVING VEHICLE	☐		
10. WINDY	☐	10. NORMAL	☐	7. DROVE THROUGH SAFETY ZONE	☐	2. CROSSING STREET DIAGONALLY	☐		
11. OTHER, PLEASE SPECIFY	☐	11. UNDER CONSTRUCTION	☐	8. EXCEEDING SPEED LIMIT	☐	3. CROSSING INTERSECTION WITH SIGNAL	☐		
	☐	12. SHOULDERS	☐	9. FAILING TO SIGNAL	☐	4. CROSSING INTERSECTION AGAINST SIGNAL	☐		
	☐	13. SLIPPERY	☐	10. FOLLOWING TOO CLOSE	☐	5. CROSSING INTERSECTION NO SIGNAL	☐		
LIGHT CONDITIONS		CONDITION OF VEHICLE		11. GIVING INCORRECT SIGNAL	☐	6. GETTING ON/OFF BUS/STREET CAR	☐		
1. ARTIFICIAL GOOD	☐			12. HIT AND RUN	☐	7. GETTING ON/OFF OTHER VEHICLE	☐		
2. ARTIFICIAL FAIR	☐	1. APPARENTLY GOOD	☐	13. ON WRONG SIDE OF ROAD	☐	8. IN STREET, NOT AT INTERSECTION	☐		
3. ARTIFICIAL POOR	☐	2. BRAKES DEFECTIVE	☐	14. PASSING AT INTERSECTION	☐	9. NOT ON ROADWAY	☐		
4. DARK	☐	3. GLARING HEADLIGHTS	☐	15. PASSING ON CURVE OR HILL	☐	10. PLAYING IN STREET	☐		
5. DAY	☐	4. HEADLIGHTS DIM	☐	16. PASSING ON WRONG SIDE	☐	11. RIDING/HITCHING ON VEH.	☐		
6. DUSK	☐	5. ONE HEADLIGHT OUT	☐	17. PASSING STAND, BUS/ST.CAR	☐	12. STAND. ON SAFETY ISLAND	☐		
7. OTHER, PLEASE SPECIFY	☐	6. BOTH HEADLIGHTS OUT	☐	18. PULLING OUT FROM CURB	☐	13. CROSSING INTERSECTION IN CROSSWALK	☐		
	☐	7. PARKING LIGHTS ON	☐	19. RAILROAD, DID NOT STOP	☐	14. WALKING ON HWY AGAINST TRAFFIC	☐		
	☐	8. CHAINS	☐	20. RECKLESS DRIVING	☐	15. WALKING ON HWY WITH TRAFFIC	☐		
	☐	9. PUNCTURE, BLOWOUT	☐	21. THROUGH STREET, DID NOT STOP	☐				
TYPE OF ROAD		10. STEERING GEAR DEFECTIVE	☐	22. FAILED TO OBS, TRAFFIC SIG.	☐	CONDITION OF PEDESTRIAN			
1. ASPHALT	☐	11. TAIL LIGHT OUT OR OBSCURED	☐	23. SWERVED	☐	1. CARELESS	☐		
2. BRICK OR COBBLE	☐	12. BADLY WORN TIRES	☐	24. DISREGARDED RAILROAD SIG.	☐	2. HAD PHYSICAL DEFECT	☐		
3. CONCRETE	☐	13. WINDSHIELD WIPER NOT WORKING	☐	25. OTHER, PLEASE SPECIFY	☐	3. NORMAL	☐		
4. EARTH	☐				☐	4. VIEW OBSTRUCTED	☐		
5. FLAT OR CAMBERED	☐	DIRECTION OF TRAVEL			☐	5. WAS CONFUSED BY TRAFFIC	☐		
6. GRAVEL	☐	1. BACKING	☐	CONDITION OF DRIVER		6. BELIEVE INTOXICATED	☐		
7. HIGH FILL (GIVE FEET)	☐	2. GOING STRAIGHT	☐	1. EXTREME FATIGUE	☐	7. OTHER, PLEASE SPECIFY	☐		
8. WIDTH (TRAVELLED PORTION)	☐	3. PARKED OR STANDING STILL	☐	2. HAD PHYSICAL DEFECT	☐		☐		
9. WIDTH (SHOULDERS)	☐	4. SKIDDING	☐	3. NORMAL	☐		☐		
10. WOOD (BRIDGE)	☐	5. SLOWING DOWN OR STOPPING	☐	4. BELIEVE INTOXICATED	☐		☐		
11. SPEED LIMIT	☐	6. TURNING LEFT	☐	5. OTHERWISE IMPAIRED	☐		☐		
12. OTHER, PLEASE SPECIFY	☐	7. TURNING RIGHT	☐		☐		☐		
	☐	8. OTHER, PLEASE SPECIFY	☐		☐		☐		
	☐		☐		☐		☐		
	☐		☐		☐		☐		

The information you provide is collected under the authority of the *Government Employees Compensation Act* (GECA) and the *Department of Employment and Social Development Act* (DESDA) and is protected under the *Privacy Act*. Personal information is used to administer claims under the GECA, determine the validity of the claim, identify third parties responsible, identify treatment plan facilitate return to work and determine monetary entitlement for compensation benefits.

Completing the questionnaire is voluntary; however, refusal to provide personal information will result in being excluded from any potential compensation benefits which you may be entitled to under GECA.

The information may be shared with the Department of Justice and/or third party for the purposes of maintaining an action against the third party. The information you provide may be used and/or disclosed for program development in accordance with ESDC protocols for policy, analysis, research, and/or evaluation (PARE) activities. However, not that these additional uses and/or disclosures of personal information will never result if an administrative decision being made about you.