



PROPERTY-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. Present mailing address:	
3. Telephone		4. Employer's name and address:	
- Home:			
- Work:			
- Cell:			
5. Worksite location of employee:			
ACCIDENT			
6. Date and time of accident:		7. Type of accident (ie: fall, slip or trip):	
8. Location of accident:			
9. Brief statement of your version of this accident (if more space is required, please attach an additional sheet of paper):			
10. Name and address of property-owner (home-owner): (If occupied by tenant, please give name).			
11. Name(s) and address(es) of witness(es):			
DESCRIPTION OF CONDITIONS			
12. Why were you on the property?			
13. What type of footwear were you wearing at the time of the accident?			
14. What were the weather conditions:			
(a) day prior to the accident?			
(b) day of the accident?			
(c) time of the accident?			
15. Was a hazard noticeable on the property?			
If Yes, where exactly was the hazard located?			
(please include diagram, if possible.)			
☐ Yes ☐ No			
16. How long did the hazard, if visible, exist prior to accident?			
INVESTIGATION			
17. Was the property-owner advised of this hazard?			
If Yes, when was it reported, to whom, and how?			
(if in writing, please include a copy of letter)			
☐ Yes ☐ No			
18. Did the employer send an investigator to visit the accident site?			
If Yes, please indicate name(s), and address(es) of investigative officials.			
☐ Yes ☐ No			
INJURIES AND OTHER DAMAGES			
19. Description of your injuries (include photographs, if possible):		20. Name(s) and address(es) of attending physician(s), therapist(s), or hospital(s):	
21. List any treatment(s) prescribed (include medication):		22. Description of other damage (torn or soiled clothing, broken glasses [include invoices, where applicable]):	

Employee's Signature

Date

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 maybe entitled to under GECA.

The information may be shared with the Department of Justice and/or third party forthe 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.