



516 - 2nd Avenue N., P.O. Box 4030
Saskatoon, Saskatchewan S7K 3T2

Employee to Complete

**MOTOR VEHICLE
ACCIDENT QUESTIONNAIRE**

1. On what date were you injured? _____
2. Where did the accident happen? _____
3. Were you driving when the accident occurred? No _____ Yes _____
4. Where had you been and where were you going at the time of the accident?

5. Were you at work when injured? No _____ Yes _____
6. Was the accident reported to the police? No _____ Yes _____ If yes, date reported and name and address of police department. (Please submit a copy of the report made to the police)

7. Did you consume alcoholic beverages prior to the accident and if so, to what extent and where? _____

8. Were there any charges laid by the police and if so, what and against whom? _____

9. If the answer to the above question is yes, has the case been heard and if so, what was the outcome? If not, when will the case go to court?

10. Was the accident reported to any other person or agency? No _____ Yes _____
If yes, date reported and name and address of person and agency.

11. How did the accident occur? (Give full details) _____

12. Name and address of witness(es): _____

13. Have you returned to work, and if so, when? If you have not returned to work, when do you expect to do so?
No _____ Yes _____

_____ Date

_____ Claimant's Signature