

Reference:
Name:

Fill in and send back to:

Unfallkasse Sachsen
Postfach 42

01651 Meißen

Questionnaire for commuting accidents

Please tick the boxes that apply

1.1 Time of accident:

Day	Month	Year	Hours	Minutes

1.2 Accident location (exact location and street):

1.3 Roadway Sidewalk Within the building where the injured person lives
 Outside

Elsewhere, where exactly?

2.1 Place of work* on the day of the accident (exact address):

2.2 Destination of the commute (exact designation):

3.1 In the case of an accident on the way to the place of work:

Leaving home at

Hours	Minutes

Start of work on the day of the accident at

Hours	Minutes

3.2 In the case of an accident on the way from the

Leaving the workplace at

Hours	Minutes

Actual end of work at

Hours	Minutes

*) In case of accidents involving children in daycare centers, pupils or students, the terms referring to employees are to be understood accordingly (e.g. place of work = daycare center, school, university or place of school or university event).

4.1 Which route does the injured person **usually** take from home to the workplace and vice versa (give exact localities and roads)?

[Redacted area for question 4.1]

4.2 Usual route **in total** _____ km

Usual **total** travel time _____ Hour(s), minutes

The commute is usually made

On foot Tram | Bus S-Bahn Underground | Railway
 Bicycle | Moped Motorcycle Car | Other:

4.3 Is the **usual** route also the **shortest route in terms of distance** between home and work (and vice versa)?

Yes No, the shortest route is a total of _____ km and would go as follows _____
 (exact locations and roads as well as means of transportation to be used, if applicable):

[Redacted area for question 4.3]

4.4 If you answered "No" to 4.3: Why does the injured person **usually not** choose the shortest route between home and work (and vice versa)?

[Redacted area for question 4.4]

5. Actual route taken by the injured person on the day of the accident

5.

5.1 The route corresponds to the usual route (*continue with item 6.*)

5.2 The route does **not** correspond to the usual route (*continue with item 5.2.1*)

5.2.1 The injured person actually chose the following route (exact localities and roads):

[Redacted area for question 5.2.1]

5.2.2 The route was taken

On foot Tram | Bus S-Bahn Underground | Railway
 Bicycle | Moped Motorcycle Car | Other:

5.2.3 **How much longer** is this route than the usual one?

In terms of distance _____ km

In terms of time _____ hours, minutes

5.2.4 Why did the injured person actually take this route and not the usual route?

[Redacted area for question 5.2.4]

...

6. On the way, did the injured person
 run errands or intended to do so? For whom? What errands and where (exact description and address)?

[Redacted area]

visit or intend to visit restaurants or the like, relatives, acquaintances (if applicable, exact name and address)? For what purpose?

[Redacted area]

Did the injured person consume alcohol? Yes No

visited or intended to visit a doctor, authorities or similar? Which? For what purpose?

[Redacted area]

Length of stay from

Hours	Minutes

 to

Hours	Minutes

The accident happened
 before during after the errand, visit, etc. during the work/lunch break

7. How else can the time difference be explained, if any?

7.1 - in case of an accident on the way to work
 - between leaving home, the time of the accident and the start of work?

[Redacted area]

7.2 - in case an accident on the way from the workplace - between the end of work, leaving the company and the time of the accident?

[Redacted area]

8. Who accompanied the injured person?

Name: [Redacted area]

Address: [Redacted area]

9. Who was present during the accident or arrived first?

Name: [Redacted area]

Address: [Redacted area]

10. Who provided first aid?

Name: [Redacted area]

Address: [Redacted area]

...

11. Was a vehicle (motor vehicle, bicycle, train, wagon, etc.) involved in the accident?

No Yes

Do **not** list a vehicle driven by the injured person

	1. Vehicle	if applicable, 2 nd vehicle
Type of vehicle:		
License plate number: Nationality:		
Name of the owner : Address:		
Liability insurance Name: Address:		
Insurance number: Claim number:		
Name of the driver : Address:		

12. Did the accident occur due to ice, a damaged road, structural defects of a building, etc.?

No Yes,

Name of the owner/maintainer of the property:

Address:

13. Was the accident caused by an animal?

No Yes, type of animal:

Name of the owner of the animal:

Address:

14. Was anyone else involved in the accident?

No Yes, because

Name of the person involved:

Address:

15. With which insurance company is the owner/maintainer of the property (see 12) - owner of the animal (see 13) - other party involved (see 14) insured?

Name of the insurance company:

Address:

Insurance policy number:

16. Have police or other investigations been carried out? (police, public prosecutor's office or others)?

No Yes

Name:

Address:

Reference:

17. On whose information is the information based?

Injured person Other person(s):

Name and address:

18. Special remarks:

19.1 Did the injured person resume work?

No Yes, on

19.2 Same job as before the accident?

Yes No, now working as because

no longer working for us because

20. Please send us a sketch (possibly on the back) or a copy of a map showing the following:

- the place of work = marking A
- the home of the injured person = marking W
- the shortest distance between the place of work and the home = marking - - - - -
- the route taken by the injured person on the day of the accident = marking - - - - -
- Accident site = marking X

21. Contact for queries (name/function):

Tel. number:

(Place, date)

(Signature, stamp)

(Place, date)

(Signature, insured person or legal guardian)