

– Providing data to ELSTAT is MANDATORY
– The content of the questionnaire shall be used exclusively for statistical purposes and the confidentiality of data is observed (Law 3832/2010)



... Road accidents

Road Accident Data Questionnaire 2017

(Please see the instructions at the end before filling in the form)

Regional Unit

Serial Number (to be filled in by ELSTAT central office).....

Police/Port Authority:

(Responsible for filling in the form)

Name /Surname (of the respondent)

Rang Telephone No

Filling form date

A/N of the Form in the Department

(to be filled in by ELSTAT local office)

1. ACCIDENT LOCATION (to be filled in by ELSTAT)

Regional Unit Municipal Unit Settlement

TYPE OF AREA:

Inside built up area 1
 STREET No.
Outside built up area 2

If the road is National / Provincial:
 Name of National / Provincial Road
 Kilometer
 FROM TO
 Kilometer increase(+) 1 Kilometer decrease(-) 2
 (tick with X)

2. ROAD TYPE

A. NEW NATIONAL ROAD 1
 (Code)

C. PROVINCIAL ROAD 3
 (Code)

a) Motorway?
 YES 1 , NO 2

D. MUNICIPAL ROAD 4

B. OLD NATIONAL ROAD 2

E. COMMUNITY ROAD 5

F. OTHER, please specify 6

3. TIME OF THE ACCIDENT

week hour / minutes day month year
 (week to be filled in by ELSTAT)

11. VEHICLE RELATED

Vehicle	Vehicle (1) Type and usage	Code No	Vehicle plates country of origin (2)	Code No	With trailer (3)	Vehicle capacity (2)
A	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Unknown 9 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Unknown 9 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No 2 <input type="checkbox"/> Unknown 9 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. VEHICLE TYPE AND USAGE: 01) Private Passenger car, 02) Public Passenger car, 03) Public Service Passenger car, 04) Private commercial car, 05) Construction vehicle (excavators etc.) 06) Truck up to 3.5 tons, 07) Lorry over 3.5 tons, 08) Motorhome or caravan, 09) Tow truck, 10) Bus (Private), 11) City Bus (Public), 12) Intercity Bus (Public), 13) School Bus, 14) Tourist-sightseeing bus or coach, 15) Public Service Bus, 16) Ambulance with patient, 17) Ambulance without patient, 18) Fire trucks, 19) Trolleybus, 20) Road Tanker, 21) Bicycle, 22) Moped up to 49 c.c., 23) Motorcycle 50-115 c.c., 24) Motorcycle 116-269 c.c., 25) Motorcycle 270-730 c.c., 26) Motorcycle 730 c.c. +, 27) Tricycle, 28) Agricultural Tractor, 29) Other agricultural machines, 30) Train, 31) Other vehicles (animal drawn, saddle animals etc.), 32) Unknown vehicle type, 33) Tram.

NOTE: In motorcycles are included, the two-wheels, the tricycles, the quads and scooters of 50 cc and over.

4. CASUALTIES (at the accident and within 30 days after the accident)

Killed

Seriously Injured

Slightly Injured

5. Number of Vehicles Involved in the accident

5a. Hit and run

Yes 1 No 2

6. PAVEMENT TYPE

Asphalt 1

Concrete 2

Gravel 3

Stone 4

Ground 5

Other type, please specify 6

7. WEATHER CONDITIONS

Clear sky 1 Storm 8

Strong wind 2 Hail 9

Frost 3 Snow 10

Fog / Mist 4 Smoke 11

Drizzle 5 Dust 12

Rain 6 Other, please specify Tempest 13

(rain with strong wind..... 7

8. PAVEMENT CONDITIONS

Normal / Dry 1

Wet 2

Greasy, oily, etc. 3

Frozen 4

Snowy 5

Other, please specify 6

9. PAVEMENT STATE

Scattered with sand, gravel, stones 1

Uneven surface 2

Works on the road 3

Other, please specify 4

Normal 5

10. NIGHT LIGHTING (for accidents occurred during the night)

Good street lighting 1

Poor street lighting 2

Street lighting off 3

No street lighting 4

DATA

1 st year of registration (2)	Other information about the vehicle						Number of drivers and passengers (casualty or not) (5)	
<input type="text"/>	Vehicle technical inspection (4)	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Not required 3	<input type="checkbox"/>	<input type="text"/>
	Vehicle carried dangerous goods (ADR)	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
	Overweight vehicle	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
	Load oversized	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	Vehicle technical inspection (4)	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Not required 3	<input type="checkbox"/>	<input type="text"/>
	Vehicle carried dangerous goods (ADR)	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
	Overweight vehicle	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
	Load oversized	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	Vehicle technical inspection (4)	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Not required 3	<input type="checkbox"/>	<input type="text"/>
	Vehicle carried dangerous goods (ADR)	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
	Overweight vehicle	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>
	Load oversized	Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>	Unknown 3	<input type="checkbox"/>	<input type="text"/>

2. Refers to all types of vehicles, excluding trains, trolley buses, bicycles, agricultural machinery and construction machinery

3. Refers only to private passenger cars, public passenger cars, private commercial trucks, buses, tow trucks, tanker trucks agricultural machinery, construction vehicles.

4. Refers only to vehicles registered in Greece. For exceptions, see relevant legislation

5. Refers only to private passenger vehicles, private commercial vehicles and private cycles.

Note: a. Columns with code numbers are filled in by ELSTAT.

b. For the rest of the columns, fill in with "0" if information is not available


12. ROAD TYPE

Traffic DirectionsOne 1 Two 2

Number of lanes for each direction

	CLEAR	NOT CLEAR	NO
Direction markings 1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Lane markings 1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<u>Left</u> edgeline markings 1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<u>Right</u> edgeline markings 1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Median Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>
Central barrier Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>
<u>Left</u> side barrier Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>
<u>Right</u> side barrier Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>
<u>Left</u> side shoulder Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>
<u>Right</u> side shoulder Yes 1	<input type="checkbox"/>	No 2	<input type="checkbox"/>

13. ROAD CHARACTERISTICS

Pavement width  (in meters and centimeters)

Straight Yes 1 No 2

Narrowing Yes 1 No 2

Lever crossing Yes 1 No 2

Right turn Smooth 1 Bend 2

Left turn Smooth 1 Bend 2

Turn alternation 1

Ascent Normal inclination 1 High inclination 2

Descent Normal inclination 1 High inclination 2

Ascent / Descent alternation 1

14. TYPE OF ACCIDENT FIRST IMPACT

— **Collision between moving vehicles**

Head-on collision 1

Head-on side collision 2

Side collision 3

Rear end collision 4

Collision with train 5

— **Vehicle collision with:**

Parked vehicle 6

Vehicle parking 7

Vehicle stopping (at traffic lights, STOP, sign etc) 8

Post or tree 9

Building or other stable obstacle 10

— **Entrainment:**

Pedestrian 11

Animal 12

— **Diversion in the opposite traffic lane** 13

— **Diversion to the right** 14

— **Diversion to the left** 15

— **Overtuning on carriageway** 16

— **Overtuning outside carriageway** 17

— **Fire** 18

— **Other, please specify** 19

15. MANEUVER OF VEHICLE "A" WHICH LIKELY CONTRIBUTED TO THE ACCIDENT

Normal course 1

Entering into traffic 2

Entering into traffic from junction with left turn 3

Entering into the opposite traffic lane from junction, with right turn 4

Entering into the opposite traffic lane 5

Exiting from traffic 6

Overtaking from the left 7

Overtaking from the right 8

Violation of right priority of other vehicles 9

Pedestrian priority violation in crossing 10

Turning left 11

Turning right 12

U-Turn 13

Starting 14

Parking maneuver 15

Reversing 16

Stopping 17

Slowing down 18

Sudden braking 19

Changing lane 20

Exceeding speed limit 21

Stopping before traffic lights 22

Not stopping before traffic lights 23

Not stopping before STOP sign 24

Not stopping before giveaway sign 25

Not stopping before policeman sign 26

Not informing for turn, changing course etc 27

Other maneuver, please specify 28

16. PEDESTRIAN MANEUVER

- Normal 1
- Crossing, pedestrian crossing with red light for pedestrians. 2
- Not walking on the pavement or, if it doesn't exist, in the sidewalk ...3
- Not walking in the pedestrian crossing.....4
- Crossing without checking road without pedestrian crossing.....5
- Other, please specify 6
-

17. TRAFFIC CONTROL / SIGNALISATION

- Traffic policeman 1
- Traffic light in operation, visible 2
- Traffic light in operation, hidden3
- Traffic light out of order 4
- STOP or priority sign visible. 5
- STOP or priority sign hidden 6
- Sign of dangerous turn 7
- Sign of dangerous ascent / descent 8
- Other warning sign 9
- Automatic control of level crossing..... 10
- Manual control of level crossing 11
- Level crossing without control (train)..... 12
- Other, please specify 13
- None of the above..... 14

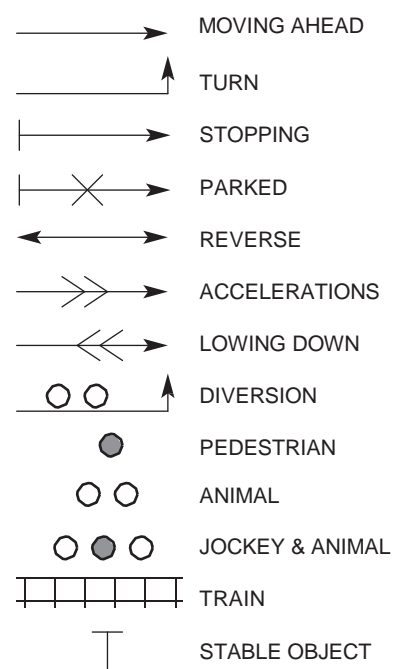
19. DRIVING LICENSE – CATEGORY AND YEAR of ACQUISITION (for all vehicles excluding bicycles and animal drawn)

		DRIVER		
		a	b	c
License category (AM, A1, A2, A, B1, B, C1, C, D1, D, BE, CE1, CE, D1E, DE, other type Greek, Z) ⁽¹⁾ :		<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign country (fill in with X)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No driving license (fill in with X)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Unknown (fill in with X)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Year of acquisition: (if there is driving license and acquisition year is unknown fill in with 9999)		<input type="text"/>	<input type="text"/>	<input type="text"/>

(1) Drivers with license of a different category from that corresponding to the vehicle are driving, are considered to be driving "without license".

18. DIAGRAM

SYMBOLS



20. SECURITY EQUIPMENT IN THE VEHICLE

(utilized or not)

		VEHICLE					VEHICLE		
		A	B	C			A	B	C
Front seat seatbelt	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speed limiter (for trucks & buses)	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear seat seatbelt	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AIR BAG	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head rest in front	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional bumpers	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head rest behind	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the above	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child restraint device	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABS	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

22. DATA ON DRIVER AND

Casualties Category	VEHICLE A								VEHI		
	Gender	Age (in years)	Nationality	Use of security equipment	Injury severity	Position in vehicle	Trip purpose	Data on pedestrian under 18	Gender	Age (in years)	Nationality
Drivers	1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Passenger casualties	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	3 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	4 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	5 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	6 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	7 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	8 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Pedestrian casualties								A B		
9 <input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
10 <input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	11 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

GENDER		AGE (in years)		NATIONALITY		USE OF SECURITY EQUIPMENT					INJURY SEVERITY (within 30 days after the accident)	
Male	1	Less than 1 year 00 Unknown 99		Hellenic.....	009	Seatbelt.....	1	Dead	1			
Female.....	2			Foreign (fill in which)		Helmet	2	Seriously injured	2			
Unknown	9			Without nationality	998	Child restraint device.....	3	Slightly injured	3			
				Unknown	999	No seatbelt used	4	Not injured driver	—			
						No helmet used	5					
						No child restraint device used	6					
						Unknown	9					

21. ALCOHOL TEST

		DRIVER		
		a	b	c
Not tested	1	<input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
a) Blood Sample	2	<input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
b) Breath test	3	<input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the full value (with two decimal).
 For zero value enter 0,00 (g/lit for blood, mg/lit for exhaled air).
 When no results are available enter 9,99

CASUALTIES

CLE B					VEHICLE C							
Use of security equipment	Injury severity	Position in vehicle	Trip purpose	Data on pedestrian under 18	Gender	Age (in years)	Nationality	Use of security equipment	Injury severity	Position in vehicle	Trip purpose	Data on pedestrian under 18
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		1 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8 <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>			A B	9 <input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			A B
	<input type="checkbox"/>				10 <input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>				11 <input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
POSITION IN VEHICLE			TRIP PURPOSE (driver and passenger casualties)			DATA ON PEDESTRIAN UNDER 18 YEARS						
Seat next to the driver 2			Home-work trip 1			A. Accident place						
Other seat, window 3			Business trip 2			Near school, tutorial (up to 150 m.) 1						
Other seat, corridor 4			Home - school trip 3			Near school, tutorial (more than 150 m.) 2						
Other where 5			Home - sports grounds trip 4			At bus stop 3						
Unknown 9			Tourism, pleasure 5			Near playground 4						
			Trip for health reasons 6			On the road, during the game 5						
			Other reasons 7			In sports grounds during arrival / departure 6						
			Trip for work reasons 8			Other place 7						
			Unknown 9			Unknown 9						
						B. Pedestrian under 8years						
						Accompanied by parents 1						
						Accompanied by other adults 2						
						Not accompanied by parents / adults 3						
						Unknown 9						

