Lightning Strike & Electric Shock Survivors International, Inc.

LSESSI, Inc.
P.O. Box 1156
Jacksonville, NC 28541
Phone (910) 346-4708
Fax (910) 346-4708
info@lightning-strike.org

www. lightning-strike.org

"Where Hope Begins"

Lightning Accidents Questionnaire

(To be completed by Lightning survivors only)

Please answer the following questions and check the appropriate boxes. Your answers will be kept confidential and used only for scientific research and lightning injuries. Please freely write your comments.. Please use the other side of this form or more pages if necessary.

Are you the eyewitness: Yes______No_____ or the survivor? Yes______No_____

Last Name:_____________________ First Name:______________________________

Profession:____________________________________ Age:__________ Sex; Male_____ Female_______

Address:___________________________________City:____________________State:_________

Counrty:____________________________ Zip Code/ Plus4:___________________/__________

Telephone Number: (_____)______-__________ Alt. Number:(_____)______-_____________

1. ***Are you a Mountaineer? Yes____ No_____ Your Skill Level? __Beginnner:__Average:__Good:__ Excellent***

2. ***When did the accident occur? Day:________Month:_________ Year:________ Time:___________***

3. Where did the Lightning Strike occur?

Country: The precise location of the accident,(state, city, region , zone):___________________________
____

Mountain Region: On Summit____; On Ridge_____; On Slope______; Elevation______;
In bottom of canyon_____; Above Timberline__________

Open Field: Sport Field______; On Shore_____; On Sea_____; Other area_______;
Golf Course______; Public Park______ Parking Lot________
Was there any other object nearby?_____________________________

Covered Place: In a Forest_____; In a Tent_____;In a Hut_____; In a Building______;
Near a Building_________;Bus Stop_______ At Home_______________
Total number (if any) of persons nearby,_________________________.

4. Weather:

Before the Lightning Strike did you anticipate thunderstorms would come overhead? Yes____No____
Did you notice any of the following characteristics of a thunderstorms?

Thunder	*Lightning*	*Gust of Wind*	*Corona Manifestations*
NONE ☐	***NONE*** ☐	***NONE*** ☐	***BUZZING*** ☐ ***FLAMES*** ☐
FAINT ☐	***FAINT*** ☐	***FAINT*** ☐	***EFFECT ON HAIR*** ☐
STRONG ☐	***STRONG*** ☐	***STRONG*** ☐	***SPARKS ON OBJECTS*** ☐

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The lightning strike occurred during: Daytime _________ Nighttime__________

At the time of Lightning Strike:

The threatening weather dissipated quickly; Yes ☐ No ☐

The threatening weather lasted about:

☐ ***10 Minutes*** ☐ ***30 minutes*** ☐ ***More than 30 minutes***

5. How did the strike occur and who were the victims?

A direct strike to one person: Yes ☐ No ☐

If so was the person killed, or did they survive?____

What was his or her posture at the time of the strike,(i.e.: sitting, standing, crouching)?_______________

OR

Direct strikes to several people simultaneously: Yes ☐ No ☐

If so the number of persons struck?_____________________

Individual situations of the victims:

Injured People Nearby	***Degree of Injury (heavy or slight)***	***Posture when Struck***	***Distance from person directly struck.***
Victim #1			
Victim #2			
Victim #3			
Victim #4			
Victim #5			
Victim #6			

A side flash to one person ☐ ***OR Side flashes to several people simultaneously.*** ☐

Number of persons:_________

Type of object struck:__________________Its Height:_________ Distance from the Victims:_______________

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Office use only	Identification Mark	Date	Country	Indicative Location	Page

Persons Struck By Side Flash	Killed or Survived	Posture at Time of Strike	Degree of Injury Slight, moderate, heavy	Distance from Directly Struck Object
Victim #1				
Victim #2				
Victim #3				
Victim #4				

6. Weather Conditions:

SKY	RAIN	SNOW	HAIL	WIND
CLEAR ☐	NONE ☐	NONE ☐	NONE ☐	NONE ☐
PARTLY CLEAR ☐	LIGHT ☐	LIGHT ☐	LIGHT ☐	LIGHT ☐
OVERCAST ☐	MEDIUM ☐	MEDIUM ☐	MEDIUM ☐	MEDIUM ☐
HEAVY OVERCAST ☐	HEAVY ☐	HEAVY ☐	HEAVY ☐	HEAVY ☐

7. Concerning the Victims(s):

Victim	Posture	Outer Clothing	Shoes	Headgear	Metal Pieces on Head
#1					
#2					
#3					
#4					

Carrying Long Objects	Loss of Consciousness	Medical care
Umbrella ☐ ;Iron Rod ☐ ;Other long object ☐ Type of Object:________________________ Length of object:________________________ Composition of Object:____________________	YES ☐ NO ☐ Length of time_____ __________________	Hospital Admission ☐ Out Patient ☐ No Medical Care ☐

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Lightning Accidents Questionnaire (Cont'd)

Where your clothes or shoes damaged? Yes ☐ No ☐
If yes, what was the damage?____
____

What do you remember about the lightning or the weather immediately before the lightning strike?____
____

Would you agree to help us in the future by answering more questionnaires?
Yes ☐ No ☐

Signature ___________________________________Date_____________________

We encourage you to include additional comments and drawings as they would pertain to questions 5 thru 7. Please show the victims and there positions respective to the strike and the others involved or witnesses.

Thank You for your time and answers, they will help us help you and others!