

# **Accident Report**

Not a plea of guilty but a report on what happened during the accident for damage regulation purpose only.

## **Police Register Number**

\_\_\_\_\_ (if available)

### **Personal Data:**

(Drive during the incident)

Name: \_\_\_\_\_

Geburtsdatum: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Manager/Prof.: \_\_\_\_\_

### **Details on the Accident**

**Vehicles Number Plate:** \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time: \_\_\_\_\_

Place of Accident: \_\_\_\_\_  
(street, house number, City resp. milestone)

Witness: \_\_\_\_\_

Injured Persons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

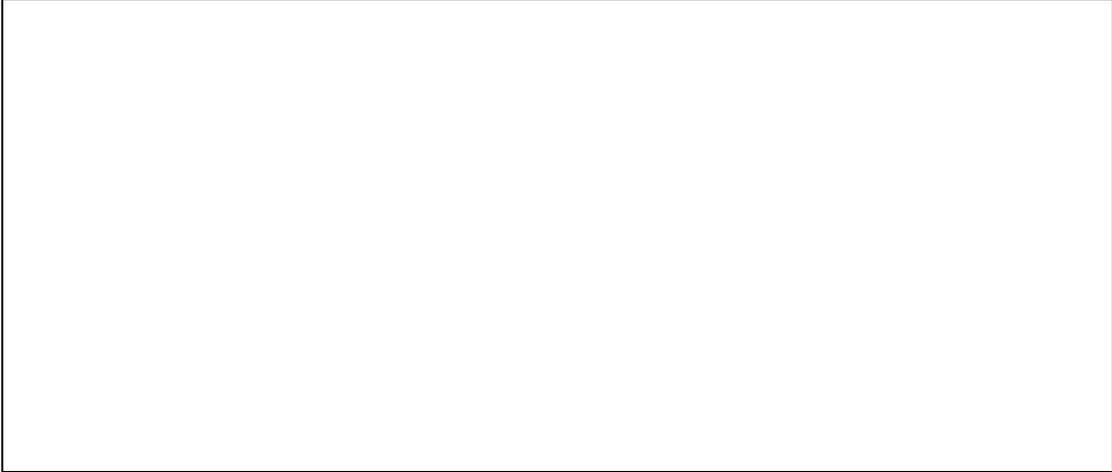
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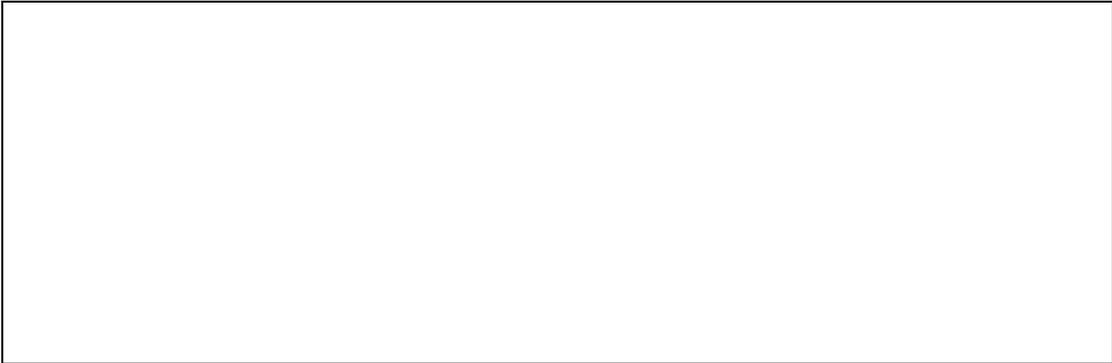
(If here is not sufficient space please use further paper sheets)

### **Detailed Report on the Accident:**

**Sketch of the Accident:**



**Description of Damages:**



**Further Notes:**



**Signature of Driver**

\_\_\_\_\_

(Place and Date)