







# DAMAGE REPORT



Date of accident (dd.mm.yyyy)	Time (hh:mm)	
Bodily injuries	<input type="radio"/> yes <input type="radio"/> no	Name and personal identity code
Material damages	<input type="radio"/> yes <input type="radio"/> no	Witnesses (name and phone number)

YOUR VEHICLE (vehicle 1)	OTHER VEHICLE (vehicle 2)
<b>Insurance holder</b>	<b>Insurance holder</b>
Name	Name
Identity number	Identity number
Phone number	Phone number
Address	Address
<b>Vehicle</b>	<b>Vehicle</b>
Registration nbr.	Registration nbr.
Make and model	Make and model
Insurance carrier	Insurance carrier
Leasing car <input type="radio"/> yes <input type="radio"/> no	Leasing car <input type="radio"/> yes <input type="radio"/> no
Trailer <input type="radio"/> yes <input type="radio"/> no	Trailer <input type="radio"/> yes <input type="radio"/> no
Registration nbr.	Registration nbr.
Insurance carrier	Insurance carrier
<b>Driver</b>	<b>Driver</b>
Name	Name
Identity number	Identity number
Phone number	Phone number
Address	Address
E-mail address	E-Mail address
Driving license cat.	Driving license cat.
Driving license validity (dd.mm.yyyy)	Driving license validity (dd.mm.yyyy)

YOUR VEHICLE (vehicle 1)	OTHER VEHICLE (vehicle 2)
<b>Vehicle damage</b> (mark the damaged area with an arrow) <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">    </div>	<b>Vehicle damage</b> (mark the damaged area with an arrow) <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">    </div>

Sketch and indicate streets, position of vehicles, direction of approach of vehicles, road signs etc.

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YOUR VEHICLE >>

OTHER VEHICLE >>

Description of the accident

**Responsibility** Whom do you hold responsible for the accident?

Does he/she admit responsibility?  yes  no

**Alcohol** Was any of the drivers involved in the accident under the influence of alcohol?

Your vehicle  yes  no Other vehicle  yes  no

**Police** Did the police visit the scene?  yes  no

Has a police investigation been carried out?  yes  no

**Signatures**

*Place, time, name in block letters*

*Place, time, name in block letters*