

Explanations	Help	Print	Delete all entries						
<p>1 Name and address of the facility (daycare centre, school, university)</p> <p>4 Recipient Please select and confirm with the enter key</p>		<h1 style="margin: 0;">ACCIDENT REPORT</h1> <p>for children in daycare facilities, Pupils, students</p> <p>2 Operator of the institution</p> <p>3 Company number of the accident insurance provider</p> <div style="border: 2px solid red; padding: 10px; margin: 10px auto; width: 80%; color: red; font-size: 0.9em;"> <p style="text-align: center; margin: 0;">Disclaimer</p> <p style="text-align: center; margin: 0;">This document is a courtesy translation provided for your convenience. Please note that the original form must be opened and completed in the German language. Only the German version is legally binding.</p> </div>							
<p>5 Surname, first name of the insured person</p>		<p>6 Date of birth</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Day</td> <td style="width: 15%; border-bottom: 1px solid black;">Month</td> <td style="width: 15%; border-bottom: 1px solid black;">Year</td> </tr> </table>		Day	Month	Year			
Day	Month	Year							
<p>7 Street, house number</p>		<p>Postcode</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> </tr> </table> <p>City</p>							
<p>8 Gender</p> <p><input type="checkbox"/> male <input type="checkbox"/> female</p>		<p>9 Nationality</p>							
<p>10 Name and address of legal representatives</p>		<p>11 Fatal accident?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No</p>							
<p>12 Time of accident</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Day</td> <td style="width: 15%; border-bottom: 1px solid black;">Month</td> <td style="width: 15%; border-bottom: 1px solid black;">Year</td> </tr> </table>		Day	Month	Year	<p>13 Place of accident (exact location and street name with postcode)</p>				
Day	Month	Year							
<p>14 Detailed description of the accident (in particular the type of event, and the type of sport in the case of sports accidents)</p> <div style="height: 200px; border: 1px solid black; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); opacity: 0.3; font-size: 4em; pointer-events: none;"> Courtesy Translation </div> </div>									
<p>The information is based on the description <input type="checkbox"/> of the insured person <input type="checkbox"/> other persons</p>									
<p>15 Injured body parts</p>		<p>16 Type of injury</p>							
<p>17 Has the insured person interrupted their visit to the institution?</p> <p><input type="checkbox"/> No <input type="checkbox"/> immediately <input type="checkbox"/> Later on</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">day</td> <td style="width: 15%; border-bottom: 1px solid black;">Month</td> <td style="width: 15%; border-bottom: 1px solid black;">Hour</td> <td style="width: 15%; border-bottom: 1px solid black;">Year</td> </tr> </table>		day	Month	Hour	Year		
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<p>18 Did the insured person interrupt their visit to the facility?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, on</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Day</td> <td style="width: 15%; border-bottom: 1px solid black;">month</td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> </tr> </table>		Day	month				
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<p>19 Who first noticed the accident? (Name, address of witnesses)</p> <p style="text-align: right;">Was this person an eyewitness?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
<p>20 Name and address of the doctor/hospital who provided initial treatment</p>		<p>21 Start and end of the visit to the facility</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Start</td> <td style="width: 15%; border-bottom: 1px solid black;">Hour</td> <td style="width: 15%; border-bottom: 1px solid black;">Minute</td> <td style="width: 15%; border-bottom: 1px solid black;">End</td> <td style="width: 15%; border-bottom: 1px solid black;">Hour</td> <td style="width: 15%; border-bottom: 1px solid black;">Minute</td> </tr> </table>		Start	Hour	Minute	End	Hour	Minute
Start	Hour	Minute	End	Hour	Minute				
<p>22 Date</p>									
<p>Head (representative) of the institution</p>		<p>Telephone number for queries (contact person)</p>							

I. General

Who reported the accident?	The report must be filed by the employer (cost bearer) if the accident was caused by the employer's business activity. If the person responsible for the accident is not an entrepreneur the school authority or its authorised representative is responsible for reporting the accident. Authorised representatives are persons who have been appointed by the employer to report the accident. In schools and childcare facilities, this is usually the head of the facility.
When must an accident report be filed?	The report must be filed if an activity related to attending the facility or a commuting accident (e.g. accident on the way to or from the facility) causes injury requiring medical treatment or death.
How many copies of the	Two copies must be sent to the accident insurance provider (e.g. accident insurance fund, public accident report)
Where should it be sent?	One copy is for documentation at the institution.
Who should be informed of the accident report?	Insured persons for whom a report is being filed -- in the case of minors, their legal representatives -- must be informed of their right to receive a copy of the report.
How should the accident report be made?	In addition to sending it by post, it is also possible to report the accident by Data transfer, if the recipient offers this option on their website, for example.
Within what period of time must the accident made?	The person required to report the accident or their authorised representative must report within three days , after becoming aware of the accident.
What should be observed in the event of serious accidents, mass accidents, and fatal accidents?	Fatal accidents, mass accidents and accidents resulting in serious injury must be reported immediately to the accident insurance provider (by telephone, fax or email).

II. Explanations of the questions on the accident report

2. The institution responsible must be specified, e.g. municipality, city.
3. The company number (membership number) must be provided, if assigned by the accident insurance provider.
14. The description of the accident should contain detailed information about the accident and its circumstances (e.g. where, how, why and under what circumstances the accident occurred). The description of the accident should address the following points in particular:
 - The location where the accident occurred, e.g. in the corridor, in the schoolyard, in the seminar room, in the sports hall
 - Type of event (e.g. regular lessons, national youth games, field trip, remedial lessons, lunchtime supervision)
 - Circumstances that characterise the course of the accident, e.g. fall from a bicycle, slipping on the floor, collision with another pupil, scuffle/argument between pupils, tripping on stairs, injury caused by a snowball
 - Special conditions, e.g. slippery snow, wet ground or leaves, handling of hazardous substances

In the event of school sports accidents, the type of sport and the nature of the event (compulsory lessons according to the timetable, working group, elective or optional subject, school sports competition) must be specified.

The accident description can be continued on a separate sheet.
15. Examples: right forearm, left index finger, left foot and right side of the head.
16. Examples: contusion, broken bone, sprain, burn, laceration, cut.