

# CAR ACCIDENT REPORT Must be signed by both drivers.



W DOBROM AJ V ZLOM

1. Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_  
 2. City: \_\_\_\_\_ Place: \_\_\_\_\_  
 Country: \_\_\_\_\_ 3. Injuries: no  yes

4. Other damages:  
 Other than car damages A a B Damages on other objects  
 no  yes  no  yes

5. Witnesses: names, addresses, phones: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## VEHICLE A

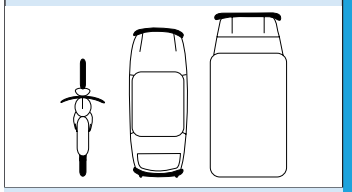
6. Insured:  
 SURNAME: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone/e-mail: \_\_\_\_\_

MOTOR VEHICLE	TRAILER
Make - Type .....	
Registration No. .....	Registration No. .....
Country of Registration .....	Country of Registration .....

8. Insurer (Motor Third Party Liability Insurance):  
 NAME: \_\_\_\_\_  
 Insurance Contract No.: \_\_\_\_\_  
 Green Card No.: \_\_\_\_\_  
 Green Card validity  
 From: \_\_\_\_\_ Till: \_\_\_\_\_  
 Branch (business agent): \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone/e-mail: \_\_\_\_\_  
 Car insured (Motor Hull Insurance)?  
 no  yes

9. Driver (due to driving licence):  
 SURNAME: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone/e-mail: \_\_\_\_\_  
 Driving licence No. \_\_\_\_\_  
 Class (A, B, ...): \_\_\_\_\_  
 Driving licence is valid till: \_\_\_\_\_

10. Indicate by an arrow the point of initial impact car A →



11. Visible damage car A:  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Accident caused by: Vehicle driver A: no  yes   
 Vehicle driver B: no  yes   
 Common fault: no  yes   
 Other (name, address): \_\_\_\_\_

## 12. ACCIDENT CIRCUMSTANCES

Put a cross in each of the relevant spaces to help explain the plan

↓	A	*	B
		* delete one alternative	
<input type="checkbox"/>	1	* the car was parked/steady	<input type="checkbox"/>
<input type="checkbox"/>	2	* leaving a parking place/ open door	<input type="checkbox"/>
<input type="checkbox"/>	3	the car was parking	<input type="checkbox"/>
<input type="checkbox"/>	4	entering the road	<input type="checkbox"/>
<input type="checkbox"/>	5	leaving the road	<input type="checkbox"/>
<input type="checkbox"/>	6	entering a roundabout	<input type="checkbox"/>
<input type="checkbox"/>	7	leaving a roundabout	<input type="checkbox"/>
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/>
<input type="checkbox"/>	9	going in the same direction but in a different lane	<input type="checkbox"/>
<input type="checkbox"/>	10	changing lanes	<input type="checkbox"/>
<input type="checkbox"/>	11	overtaking	<input type="checkbox"/>
<input type="checkbox"/>	12	turning to the right	<input type="checkbox"/>
<input type="checkbox"/>	13	turning to the left	<input type="checkbox"/>
<input type="checkbox"/>	14	reversing	<input type="checkbox"/>
<input type="checkbox"/>	15	ncroaching in the opposite traffic lane	<input type="checkbox"/>
<input type="checkbox"/>	16	coming from the right (on the crossroad)	<input type="checkbox"/>
<input type="checkbox"/>	17	The car did not respect a „give way“ sign or traffic lights	<input type="checkbox"/>
<input type="checkbox"/>	← Total number of spaces marked with a cross →		<input type="checkbox"/>

Must be signed by both drivers  
 This is not acknowledgement of a responsibility. This document is designed to record accident circumstances for purpose of damage recompensation.

13. Must be signed by both drivers 13.  
 Please mark: 1. direction of traffic lanes 2. driving direction of vehicles A, B (by arrow) 3. position at the moment of collision 4. traffic signs 5. street names

## VEHICLE B

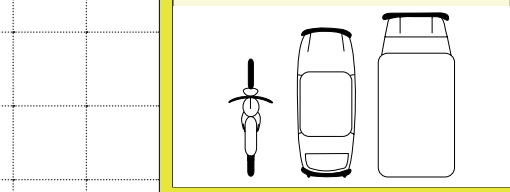
6. Insured:  
 SURNAME: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone/e-mail: \_\_\_\_\_

MOTOR VEHICLE	TRAILER
Make - Type .....	
Registration No. .....	Registration No. .....
Country of Registration .....	Country of Registration .....

8. Insurer (Motor Third Party Liability Insurance):  
 NAME: \_\_\_\_\_  
 Insurance Contract No.: \_\_\_\_\_  
 Green Card No.: \_\_\_\_\_  
 Green Card validity  
 From: \_\_\_\_\_ Till: \_\_\_\_\_  
 Branch (business agent): \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone/e-mail: \_\_\_\_\_  
 Car insured (Motor Hull Insurance)?  
 no  yes

9. Driver (due to driving licence):  
 SURNAME: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone/e-mail: \_\_\_\_\_  
 Driving licence No. \_\_\_\_\_  
 Class (A, B, ...): \_\_\_\_\_  
 Driving licence is valid till: \_\_\_\_\_

10. Indicate by an arrow the point of initial impact car B →



11. Visible damage car B:  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Accident caused by: Vehicle driver A: no  yes   
 Vehicle driver B: no  yes   
 Common fault: no  yes   
 Other (name, address): \_\_\_\_\_

16. Signatures of the drivers 16.

A

B