**Unfallmeldung**

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| Name, Vorname des Versicherten | | | | | | | | | | | | | | | | | Geburtsdatum | | | | |  | | | |  | | |  | | | |
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| Straße, Hausnummer | | | | | | | | | | | Postleitzahl | | | | | | Ort | | | | | | | | | | | | | | | |
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| Geschlecht | | | | Staatsangehörigkeit | | | | | | | Name und Anschrift der gesetzlichen Vertreter | | | | | | | | | | | | | | | | | | | | | |
| männlich  weiblich | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Tödlicher Unfall? | | Unfallzeitpunkt | | | | | | | | | | | | | | | Unfallort (genaue Orts- und Straßenangabe mit PLZ) | | | | | | | | | | | | | | | |
| ja  nein | | Tag | | | Monat | | Jahr | | | | | Stunde | | | Minute | |  | | | | | | | | | | | | | | | |
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| Ausführliche Schilderung des Unfallhergangs (insbesondere Art der Veranstaltung, bei Sportunfällen auch Sportart) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Die Angaben beruhen auf der Schilderung  des Versicherten  anderer Personen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verletzte Körperteile | | | | | | | | | | | | | | Art der Verletzung | | | | | | | | | | | | | | | | | | |
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| Wurde der Besuch des Unterrichts unterbrochen? | | | | | | | | nein  sofort  später am | | | | | | | | | | | | | | | | | | Tag | | | Monat | | Stunde | |
|  | |  |  |  |  |  |
| Hat der Schüler den Besuch des Unterrichts wiederaufgenommen? | | | | | | | | nein  ja, am | | | | | | | | | | | | | | Tag | | | | Monat | | | Jahr | | | |
|  | |  | |  | |  |  |  |  |  |
| Wer hat von dem Unfall zuerst Kenntnis genommen? (Name, Anschrift von Zeugen) | | | | | | | | | | | | | | | | | | | | | | War diese Person Augenzeuge? | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | ja  nein | | | | | | | | | | |
| Name und Anschrift des erstbehandelnden Arztes/Krankenhauses | | | | | | | | | | | | | | | | | | **21** Beginn und Ende des Unterrichts am Unfalltag | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | Stunde | | | Minute | | | |  | | Stunde | | Minute | |
| Beginn | |  |  | |  | |  | | Ende | |  |  |  |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Datum | Unterschrift des Versicherten/Erziehungsberechtigten | | | | | | | | | | | | | | | | | | Telefon-Nr. für Rückfragen | | | | | | | | | | | | | |