1 Facility						5 WYXYbhfYdcfh 2 Company number of the insurance provider:							
						2 Com	pany n	umber of ti	he insurai	nce prov	vider:		
						666 (000001	000355					
3 Recipient													
Kecipieni				\neg									
Universitä Abt. V-5	it Ulm												
	nd Umweltso												
Staudinge 89081 Ulr		ntal Protection	on)										
4 Surname, first	name of insured	d person				5 Date of bi	rth	Day	Month		Year		
- Camanic, mor													
6 Street, number Post code						Town							
7 Sex 8 Nationality						9 Temporary agency worker Yes No							
Male 10 Trainee	Female	11 Is the	insured person		entreprene								
Yes [No		•		associate				to the en	trepren	eur		
								in civil pa	artnership	to the	entrep	preneu	
40.5 (1)			4011 111 1						o the entr	eprene	ur		
12 Entitlement to exists for		uneration eaks	13 Health insu	urance tund	of the insure	ea person (n	ame, p	ost code, t	own))				
14 Fatal accident? 15 Time of accident						16 Place of	f accident	(specify locat	ion and stree	et with pos	st code)		
Yes [No Day		nth Year	r Hou	ır Minu		. 400,401,1	(opcony local		n mai poo			
17 Detailed description	on of the accident (se	quence of ev	vents, name of the part	of the operation	n, any machines	, facilities, hazar	dous subs	stances involv	ed)				
			_			_							
This information		description	on of the i	nsured pers		other per	sons						
18 Injured body p	oarts				19 Type o	f injury							
20 Who first notice	ced the acciden	t? (Name	, address of witne	ess)			Was th	is person a	an eye wi	tness?			
						☐ Yes ☐ No							
21 Name and ad	dress of doctor/	hospital f	irst treating injure	ed person		22 Start a	nd end	_			perso	on	
		·	0 ,	·				1 N 414			· ! •	£	
						Start	Hour	Minute	End	Hou	ır ı	/linute	
23 At the time of	the accident en	nployed/a	ctive as		24 Sinc	e when performi	ing this ac	tivity?	Month	T^{\prime} .	Year		
051 1:1	6.0												
25 In which part	of the company	does the	insured person v	work on a re	guiar basis <i>:</i>								
26 Did the insured person discontinue work?					No	Immed	iately	later, on	Day	Month	h I	Hour	
27 Has the insured person resumed work?] No	Yes, o	n	Day	Month	Y	/ear		
									I				
28 Date	Superior		Phone Number	FASI		BÄD			Personalrat				

I. General explanations

Who reported the accident?

The **contractor** or its authorised representative are obligated to report. Authorised representatives are persons who have been instructed by the contractor to report the accident.

In what case must an accident be reported?

An accident must be reported if an accident at work or on the way to or from work (e.g., an accident on the way from home to the place of work) results in **more than 3 calender days' inability to work** or the **death**of the insured person.

How many copies of the accident report must be made out?

Where must it be sent?

The accident report must be sent to the competent accident insurance provider.

If the contractor is covered by the general rules of health and safety inspection at work (for agricultural contractors only in as far as they employ staff), **one copy** must be sent to the state authority competent for health and safety at work (e.g., trade supervisory board, state authority for health and safety at work).

If the contractor is covered by the mining authorities, the competent lower mining authority is to receive **one copy**.

One copy stays with the contractor for documentation.

One copy goes to the works council (staff council), if any.

Who must be **notified** of the accident report?

Insured persons on whose behalf an accident is reported must be informed that they are entitled to a copy of the report. The occupational health and safety officer and the occupational medical service are to be notified of the accident report by the contractor or authorised representative.

How must be accident be reported?

Besides sending the report by post, it may also be transferred electronically if the recipient offers this, e.g., on their website.

What is the time limit for reporting an accident?

The contractor or authorised representative must report the accident within 3 days of receiving knowledge of it.

What must be observed in case of **severe** accidents, accidents involving several persons and fatal accidents?

Fatal accidents, accidents involving several persons and accidents resulting in severe health damage must **immediately** be notified to the competent accident insurance provider and, in case of contractors covered by the general rules of health and safety inspection at work or the mining authorities, also to the state authority responsible for health and safety at work or the lower mining authority (phone, fax, email).

II. Specific explanations on the questions in the accident report

- re 2 Indicate the company number (membership number) with the accident insurance provider (e.g., shown on the membership fee notification or in the notification of competent office).
- re **9** The employee of the temporary work agency/personnel services provider working for the contractor is a temporary agency worker (An employee leasing agreement exists.).
- re 13 In case of statutory health insurance with sickness benefits, indicate only name, post code and location of the insurance fund; in any other case, also indicate the type of insurance (e.g., private insurer, pensioners' health insurance, family insurance, voluntary insurance with the statutory health insurance).
- re 17 The description of the course of the accident should specify details of the accident (where, how, why, what circumstances, indication of tools or machines involved). The following aspects should be given special consideration when describing the course of events.

Indicate the operational unit where the accident happened: e.g., office, locksmith's shop, salesperson in menswear, depot, greenhouse, stable.

Indicate the activity that the injured person was performing, e.g., ... serving a customer, ... carrying documents to the foreman's office, ... knocking out a pin, ... unloading a lorry, ... machine repaired (type, manufacturer, model, year of construction).

Indicate the circumstances characterising the course of the accident (what triggered the accident, what work equipment or which machines and facilities were being used); e.g.: ... leaned too far to the side, which caused the ladder to slip, and the person fell 3 m to the ground, ... was caught in the timber circular saw (manufacturer, model, year of construction) when the timber jammed,

- re 18 Examples: Right forearm, Left index finger, Left foot and right side of the head
- re 19 Examples: Contusion, fracture, sprain, burn, laceration, cut
- re 23 Indicate, e.g., salesperson, accountant, bricklayer, electrician, nurse, farmer, gardener, instead of "worker", "employee" or "contractor"
- re 25 Examples: Office, storage, locksmith's shop, food section, factory yard, depot