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|  | | | | | | | | | | | | | | | | | | UNFALLANZEIGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Name und Anschrift der Einrichtung (Tageseinrichtung, Schule, Hochschule | | | | | | | | | | | | | | | | | | für Kinder in Tageseinrichtungen, **Schüler und Studierende** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | 2 Träger der Einrichtung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Empfänger | | | | | | | | | | | | | | | | | | 3 Unternehmensnummer des Unfallversicherungsträgers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UnfallkasseRheinland-Pfalz **Orensteinstr. 10** 56626 Andernach | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Name, Vorname des Versicherten | | | | | | | | | | | | | | | | | | 6 Geburtsdatum | | | Tag | | | | | | | Monat | | | | | | Jahr | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |
| 7 Straße, Hausnummer | | | | | | | | | Postleitzahl | | | | | | | | | Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 Geschlecht männlich  weiblich | | | 9 Staatsangehörigkeit | | | | | | 10 Name und Anschrift der gesetzlichen Vertreter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Tödlicher Unfall? ja  nein | **12** Unfallzeitpunkt | | | | | | | | | | | | | | | | | 13 Unfallort (genaue Orts- und Straßenangabe mit Postleitzahl) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Tag | | Monat | | Jahr | | | | Stunde | | | | | Minute | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 Ausführliche Schilderung des Unfallhergangs (insbesondere Art der Veranstaltung, bei Sportunfällen auch Sportart) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Die Angaben beruhen auf der Schilderung  des Versicherten  anderer Personen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Verletzte Körperteile | | | | | | | | | | | | | 16 Art der Verletzung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Hat der Versicherte den Besuch der Einrichtung unterbrochen  nein  sofort  später am | | | | | | | | | | | | | | | | | | | | | | | | | | | Tag | | | | | | | | Monat | | | | | | Stunde | | | | | | |
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| 18 Hat der Versicherte den Besuch der Einrichtung wieder aufgenommen?  nein  ja, am | | | | | | | | | | | | | | | | | | | | | Tag | | | | | | Monat | | | | | | | | Jahr | | | | | | | | | | | | |
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| 19 Wer hat von dem Unfall zuerst Kenntnis genommen (Name, Anschrift von Zeugen) | | | | | | | | | | | | | | | | | | | | | War diese Person Augenzeuge?  ja  nein | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Name und Anschrift des erstbehandelnden Arztes / Krankenhauses | | | | | | | | | | | | | | | | | | 21 Beginn und Ende des Besuchs der Einrichtung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Beginn | Stunde | | | Minute | | | | | | | Ende | | | | Stunde | | | | | | | Minute | | | | | | | |
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| 22 Datum Leiter (Beauftragter) der Einrichtung Telefonnummer bei Rückfragen (Ansprechpartner) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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