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|  | | | | | | | | | | | | | | | | | | | | **UNFALLANZEIGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** Name und Anschrift des Unternehmens | | | | | | | | | | | | | | | | | | | | **2** Unternehmensnummer des Unfallversicherungsträgers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** Empfänger/in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4** Name, Vorname der versicherten Person | | | | | | | | | | | | | | | | | | | | | | **5** Geburtsdatum | | | | | | | | | | Tag | | | | Monat | | | | | Jahr | | | | | | | | | | |
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| **6** Straße, Hausnummer | | | | | | | | | | | | Postleitzahl | | | | | | | | | | Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7** Geschlecht | | | | | | | **8** Staatsangehörigkeit | | | | | | | | | | | | | | | **9** Leiharbeitnehmer/in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| männlich  weiblich | | | | | | |  | | | | | | | | | | | | | | | ja  nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10** Auszubildende/r  ja  nein | | | | | | | **11** Die versicherte Person ist  Unternehmer/in  mit der Unternehmerin / dem Unternehmer  Gesellschafter/Geschäftsführer  verheiratet  in eingetragener Lebenspartnerschaft lebend  verwandt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** Anspruch auf Entgeltfortzahlung | | | | | | | | | **13** Krankenkasse (Name, PLZ, Ort) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| besteht für | | |  | | Wochen | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14** Tödlicher Unfall? | | | | | | **15** Unfallzeitpunkt | | | | | | | | | | | | | | | | | **16** Unfallort (genaue Orts- und Straßenangabe mit PLZ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ja  nein | | | | | | Tag | | Monat | | Jahr | | | | Stunde | | | | Minute | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **17** Ausführliche Schilderung des Unfallhergangs (Verlauf, Bezeichnung des Betriebsteils, ggf. Beteiligung von Maschinen, Anlagen, Gefahrstoffen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Die Angaben beruhen auf der Schilderung  der versicherten Person  anderer Personen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18** Verletzte Körperteile | | | | | | | | | | | | | | | | | **19** Art der Verletzung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **20** Wer hat von dem Unfall zuerst Kenntnis genommen? (Name, Anschrift) | | | | | | | | | | | | | | | | | | | | | | | | | | | War diese Person Augenzeuge des Unfalls? | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | ja  nein | | | | | | | | | | | | | | | | | | | | | | | | |
| **21** Erstbehandlung: Name und Anschrift der Ärztin/des Arztes oder des Krankenhauses | | | | | | | | | | | | | | | | | | | | | **22** Beginn und Ende der Arbeitszeit der versicherten Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Beginn | | | | | | |  | |  | | |  | |  | | Ende | | | |  | | |  | | |  | | |  | |
| **23** Zum Unfallzeitpunkt beschäftigt/tätig als | | | | | | | | | | | | | | | | | | | **24** Seit wann bei dieser Tätigkeit? | | | | | | | | | | | | | | | | | | | Monat | | | | Jahr | | | | | | | | | |
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| **25** In welchem Teil des Unternehmens ist die versicherte Person ständig tätig? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26** Hat die versicherte Person die Arbeit eingestellt?  nein  sofort später, am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tag | | | | | Monat | | | | | | Stunde | | | | |
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| **27** Hat die versicherte Person die Arbeit wieder aufgenommen?  nein  ja, am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tag | | | | Monat | | | | | Jahr | | | | | | | | | | |
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| **28** Datum | | | | Unternehmer/in/Bevollmächtigte/r | | | | | | |  | | Betriebsrat (Personalrat) | | | | | | | | | | | | | Telefon-Nr. für Rückfragen | | | | | | | | | | | | | | | | | | | | | | | | | |