

# ACCIDENT REPORT

1 Name and address of company

2 Company no. with insurer

3 Recipient

4 First name and surname of insured person

5 Date of birth Day : Month : Year

6 House number and street

Postcode

City

7 Gender

Male  Female

8 Nationality

9 Temporary worker

Yes  No

10 Trainee

Yes  No

11 The insured person is

Employer

Related to the employer:

Shareholder  
 Managing Director

Spouse

Civil partner

related

12 Entitlement to continued remuneration for  Weeks

13 Health insurance provider (name, postcode, city)

14 Fatal accident?

Yes  No

15 Date and time of accident

Day : Month : Year Hour : Minute

16 Place of accident (Please specify exact location and street/road name, including postcode)

17 Detailed statement on how the accident occurred (timeline, where, routes in the workplace, where applicable, any machines/equipment/hazardous materials involved)

This statement is based on the account given by  The insured person  Other persons

18 Parts of body injured

19 Type of injury

20 Who was the first person to be aware of the accident? (Name, address)

Was this person an eyewitness?

Yes  No

21 First treatment: Name and address of doctor or hospital

22 Start and end of doctor/hospital visit

Start Hour : Minute End Hour : Minute

23 At the time of the accident, employed as

24 Since when in this job?

Month : Year

25 In which part of the company is the insured person regularly employed?

26 Did the insured person stop working?

No

Immediately Later, on Day : Month : Year

27 Has the insured person returned to work?

No

Yes, on Day : Month : Year

28 Date

Employer (Authorised representative)

Works council (Staff council)

Tel. no. for enquiries

## I. Accident report explanatory notes

**Who** has to report the accident?

**Employers.** They can also authorise persons to file the accident report.

**When** does an accident have to be reported?

Workplace accidents and commuting accidents (e.g. accidents on the way to work between home and the workplace) must be reported if they lead to an **incapacity to work of more than 3 calendar days** or result in the **death** of the insured person.

**Where** does the accident report have to be sent to?

- The appropriate accident insurance provider.
- If the company falls under the general occupational health and safety inspectorate (in the case of agricultural businesses, only if they employ workers), one copy must be sent to the appropriate state authority responsible for occupational health and safety (e.g. industrial inspectorate, Agency for Occupational Health and Safety).
- If the company falls under the inspectorate for the mining authority, one copy must be sent to the appropriate mining authority.
- One copy is kept for archiving in the company.
- One copy is given to the works council (staff council, if one is in place). The accident report must be co-signed by the works council (staff council).

Who needs to be informed?

- Insured persons must be informed of their right to request a copy of the accident report.
- Occupational health and safety officers and company medical officers.

How must the accident report be filed?

By post or online, if the accident insurance provider offers this option.

Within what timeframe must the accident report be completed and sent off?

**Within 3 days** of being informed of the accident.

What has to be taken into account in the case of serious accidents, multiple casualty accidents and fatal accidents?

Fatal accidents, multiple casualty accidents and accidents causing serious damage to health must be reported immediately by telephone, fax or e-mail to the appropriate accident insurance provider and, where applicable, to the relevant state authority (e.g. industrial inspectorate, inspectorate for the mining authority).

## II. Explanatory notes on individual questions in the accident report

2 Please enter your company number (membership number) with your accident insurance provider (you can find this on your premium notification or jurisdiction notification, for example).

9 Any employee working in the company through a temporary employment agency or personnel service provider is classed as a temporary worker. An employee leasing contract is in place.

11 Information must be provided here if the employer is a natural person on whom the performance of the company has a direct adverse or positive effect (e.g. sole trader or personally liable partner of a general partnership). The "Other" box must also be ticked if the insured person is related to the employer up to the third degree, is related by marriage up to the second degree or is his or her foster child.

13 For statutory health insurance with entitlement to sick pay, the name, postcode and city of the health insurance provider will suffice; in all other cases, please specify the type of insurance (e.g. private insurance, health insurance for pensioners, family insurance, voluntary insurance with a statutory health insurance provider).

17 The statement on how the accident occurred should detail the accident and the circumstances: Where, how, why, under what circumstances? Were any equipment, machines, vehicles or hazardous substances involved? Details should in particular be given with regard to the following:

- Where in the workplace the accident occurred: e.g. office, metalworking shop, sales counter, depot, greenhouse, stable
- Type of work the injured person was carrying out: e.g. was serving a customer, was carrying documents to the design office, was knocking out a bolt, was unloading a delivery van, was repairing a machine  
(Type, manufacturer, model, year of manufacture)
- What caused the accident (how did it come about, what work equipment was being used, which machines were being worked on?); e.g.:
  - Leaned too far to the side, causing the ladder to slip away and the person fell a total of 2 m
  - Jammed the wood and was caught by the circular saw (manufacturer, model, year of manufacture)
  - Slipped because there was waste/dirt/oil/manure on the floorWere there any working conditions, such as heat, cold, noise, dust or radiation that could be associated with the accident?

Were there any hazardous substances being handled that could be associated with the accident?

You can continue the account of the accident on the back of this page or on a supplementary sheet. You can also attach sketches to help explain how the accident occurred.

18 Examples: right forearm, left index finger, left foot and right side of the head

19 Examples: bruising, fracture, sprain, burn, laceration, cut

23 Please enter here e.g. retail salesperson, accountant, bricklayer, mechatronics technician, nurse, farmer, gardener; do not put "worker", "employee" or "employer".

25 Examples: office, warehouse, metalworking shop, laboratory, food department, factory yard, building yard