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|  | | | | | | | | | | | | | | | | | | | **UNFALLANZEIGE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** Name und Anschrift der Einrichtung (Tageseinrichtung, Schule, Hochschule)  **Gymnasium Überlingen**  **Obertorstraße 16**  **88662 Überlingen** | | | | | | | | | | | | | | | | | | | **für Kinder in Tageseinrichtungen, Schüler, Studierende** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2** Träger der Einrichtung  Große Kreisstadt Überlingen  88662 Überlingen | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** Empfänger | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | |  |  | | | **3** Unternehmensnummer des Unfallversicherungsträgers  **V32/300 393/001** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Unfallkasse  Baden-Württemberg  70324 Stuttgart | | | | | | | | | | | | |  | | | |
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| **5** Name, Vorname des Versicherten | | | | | | | | | | | | | | | | | | | | | | **6** Geburtsdatum | | | | | Tag | | | | | | Monat | | | | | | Jahr | | | | | |
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| **7** Straße, Hausnummer | | | | | | | | | | | | Postleitzahl | | | | | | | | | | Ort | | | | | | | | | | | | | | | | | | | | | | |
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| **8** Geschlecht | | | | | | **9** Staatsangehörigkeit | | | | | | **10** Name und Anschrift der gesetzlichen Vertreter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11** Tödlicher Unfall? | | | | **12** Unfallzeitpunkt | | | | | | | | | | | | | | | | | | **13** Unfallort (genaue Orts- und Straßenangabe mit PLZ) | | | | | | | | | | | | | | | | | | | | | | |
| ja  nein | | | | Tag | | | Monat | | Jahr | | | | | Std. | | | | | | Minute | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **14** Ausführliche Schilderung des Unfallhergangs (insbesondere Art der Veranstaltung, bei Sportunfällen auch Sportart) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Die Angaben beruhen auf der Schilderung  des Versicherten  anderer Personen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15** Verletzte Körperteile | | | | | | | | | | | | | | | | | | **16** Art der Verletzung | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **17** Hat der Versicherte den Besuch der Einrichtung unterbrochen? | | | | | | | | | | | | | nein  sofort später am | | | | | | | | | | | | | | | | Tag | | | | | Monat | | | Std. | | | | | Min. | | |
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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 des Zeugen) | | | | | | | | | | | | | | | | | | | | | | | | | | | War diese Person Augenzeuge? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | ja  nein | | | | | | | | | | | | | | | | | |
| **20** Name und Anschrift des erstbehandelnden Arztes/Krankenhauses | | | | | | | | | | | | | | | | | | | | | | | **21** Beginn und Ende des Besuchs der Einrichtung | | | | | | | | | | | | | | | | | | | | | |
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| **19.05.2017** | | |  | | | | | | | | | | | | | | | | | | | | | 07551/9495790 (Sekretariat) | | | | | | | | | | | | | | | | | | | | |
| **22** Datum | | | Leiter (Beauftragter) der Einrichtung | | | | | | | | | | | | | | | | | | | | | Tel-Nr. für Rückfragen (Ansprechpartner) | | | | | | | | | | | | | | | | | | | | |