

Northeimer Str. 90-94, 37412 Herzberg

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Nr. 2 Other Party	Date of Accident: Time of Accident:	Own Fault: Third party Fault:
Nr. 1 Rental Vehicles / Vehicle of the Renter Tractor-trailler/Truck Semi-trailler/Trailler PEMA-Nr. / TIP Unit-No.: License Plate Number: Vehicle Type: Nr. 2 Other Party License Plate Number: Vehicle Type: Name and postal address of Vehicle Owner: Vehicle Type: Name and postal address of Vehicle Owner:  Name and postal address of Driver (vehicle No. 2):  Insurer and Insurance Policy Number Other Party:  Damage to Rental Vehicle: Driving License Category(-ies): Damage to Rental Vehicle: Description of the accident including sketch  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Damage at Other Party:  Damage at Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Damage at Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Damage at Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Damage at Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Damage at Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number:  No. 1 = Rental Vehicle No. 2 = Other Party:  Description of the accident including sketch  Insurer and Insurance Policy Number:  No. 1 = Rental Vehicle No. 2 = Other Party:  No. 1 = Rental Vehicle No. 2 = Other Party:  No. 1 = Rental Vehicle No. 2 = Other Party:  No. 1 = Rental Vehicle No. 2 = Other Party:  No. 1 = Rental Vehicle No. 2 = Other Party:  No. 1 = Rental Vehicle No. 2 = Other Party:  No. 1 = Rental Ve	Location of Accident: Street:	
DEMA-Nr. / TIP Unit-No.: License Plate Number:  Vehicle Type: Renter / Lessee: Driver of the rental vehicle at the time of the accident including complete postal address:  Driver's License Information Driver's License Information Driver's License Category(-ies): Damage to Rental Vehicle:  Description of the accident including sketch  Description of the accident including sketch  Description of the accident including sketch  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/tra		
Vehicle Type: License Plate Vehicle Type: Name and postal address of Vehicle Owner: Vehicle Type: Name and postal address of Vehicle Owner: Vehicle Type: Name and postal address of Vehicle Owner: Vehicle Type: Name and postal address of Driver (vehicle No. 2):  Insurer and Insurance Policy Number Other Party: Sasuing Authority: Damage to Rental Vehicle:  Description of the accident including sketch  Description of the accident including sketch  Ricense Always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truc	Tractor-trailer/Truck Semi-trailer/Trailer	License Plate
Name and postal address of Vehicle Owner:     Name and postal address of Vehicle Owner:   Name and postal address of Vehicle Owner:   Name and postal address of Vehicle Owner:   Name and postal address of Vehicle Owner:   Name and postal address of Driver (Vehicle No. 2):     Name and postal address of Driver (Vehicle No. 2):     Name and postal address of Driver (Vehicle No. 2):       Name and postal address of Driver (Vehicle No. 2):         Name and postal address of Driver (Vehicle No. 2):	PEMA-Nr. /	Number:
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Wehicle Type:  Renter / Lessee:  Driver of the rental vehicle at the time of the accident including complete postal address:  Driver's License Information Driver	Number	
Priver of the rental vehicle at the time of the accident including complete postal address:    Driver's License Information   Driver's License Information   Driver's License Information   Driver's License Information   Driver's License Category(-ies):   Damage at Other Party:   Damage at Other Party:   Damage to Rental Vehicle:   Damage to Rental Vehicle:   Damage to Rental Vehicle   Description of the accident including sketch   [No. 1 = Rental Vehicle No. 2 = Other Party]   Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.   Please attach meaningful photos of the damage.   Police: yes no   Date:   Nr. 1: yes no   Nr. 2: yes no   Nr. 2: yes no   Signature and Stamp:   Signature and Stamp:   Signature and Stamp:   Signature and Stamp:   Nr. 1: yes no   Nr. 2: yes no   Nr. 1: yes no   Nr. 2: y		Name and postal address of vemete owner.
Driver of the rental vehicle at the time of the accident including complete postal address:    Driver's License Information   Insurer and Insurance Policy Number Other Party:		<u> </u>
Driver's License Information Driver's License-Nr.: Issuing Authority: Date of Issue: Driving License Category(-ies):  Damage to Rental Vehicle:  Description of the accident including sketch  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and s		
Driver's License Information Driver's License-Nr.:	Driver of the rental vehicle at the time of the accident including complete postal address:	Name and postal address of Driver (Vehicle No. 2):
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Damage at Other Party:  Damage to Rental Vehicle:  Description of the accident including sketch  Description of the accident including sketch  Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.  Please attach meaningful photos of the damage.  Police: yes no Blood sample taken: Phone Number: Phone Number: Phone Number: Nr. 1: yes no Date: Nr. 2: yes no Signature and Stamp: Warning issued: Nr. 1: yes no Date: N	Driver's License-Nr.:	Insurer and Insurance Policy Number Other Party:
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Police: yes no   Date:   Date:		
Location of Police Station:  Phone Number:  Police Journal Number:  Name of Officer:  Witnesses: yes no  Postal address Witness(es):  Blood sample taken:  Nr. 1: yes no  Nr. 2: yes no  Warning issued:  Nr. 1: yes no		actor-trailer/truck and semi-trailer/trailer) under No. 1.
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Name of Officer:	Please attach meaningful photos of the damage.  Police: yes no Location of Police Station:	Blood sample taken: Date:
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