



**Important:**

The recording of the accident-related information and the processing of the evidence must be carried out by the police.

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Own Fault: ☐ Third party Fault: ☐  
Location of Accident: \_\_\_\_\_ Street: \_\_\_\_\_

Nr.1 Rental Vehicles / Vehicle of the Renter	
Tractor-trailer/Truck	Semi-trailer/Trailer
PEMA-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:

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**Driver's License Information**  
Driver's License-Nr.: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Driving License Category(-ies): \_\_\_\_\_

Damage to Rental Vehicle: \_\_\_\_\_

\_\_\_\_\_

**Nr.2 Other Party**

License Plate  
Number: \_\_\_\_\_

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 at Other Party:	

Description of the accident including sketch	[No. 1 = Rental Vehicle No. 2 = Other Party]
<p><i>Please always state the license plate numbers of both vehicles (tractor-trailer/truck and semi-trailer/trailer) under No. 1.</i></p> <p><i>Please attach meaningful photos of the damage.</i></p>	

<b>Police:</b> yes <input type="checkbox"/> no <input type="checkbox"/> Location of Police Station: _____ Phone Number: _____ Police Journal Number: _____ Name of Officer: _____  <b>Witnesses:</b> yes <input type="checkbox"/> no <input type="checkbox"/> Postal address Witness(es): _____ _____ <b>Persons injured:</b> yes <input type="checkbox"/> no <input type="checkbox"/>	<b>Blood sample taken:</b> Nr. 1:    yes <input type="checkbox"/> no <input type="checkbox"/> Nr. 2:    yes <input type="checkbox"/> no <input type="checkbox"/>  <b>Warning issued:</b> Nr. 1:    yes <input type="checkbox"/> no <input type="checkbox"/> Nr. 2:    yes <input type="checkbox"/> no <input type="checkbox"/>	<b>Date:</b> _____  <b>Signature and Stamp:</b> _____
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Third-party liability Insurance Company for TIP-vehicles (with registration to TIP): R+V Versicherung AG - Kfz-Schadenabteilung, Raiffeisenplatz 1, 65189 Wiesbaden Phone: 0800/533 1111 **Email: [ruv@ruv.de](mailto:ruv@ruv.de)**