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| **1** Name und Anschrift des Unternehmens | | | | | | | | | | | | | | | | | | | | | | | | | | | | **2** Unternehmensnummer des Unfallversicherungsträgers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** Empfänger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4** Name, Vorname des Versicherten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5** Geburtsdatum | | | | | | | | | Tag | | | | Monat | | | | | Jahr | | | | | | | | | | |
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| **6** Straße, Hausnummer | | | | | | | | | | | | | | | | Postleitzahl | | | | | | | | | | | | | Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7** Geschlecht | | | | | | | | **8** Staatsangehörigkeit | | | | | | | | | | | | | | | | | | | | | **9** Leiharbeitnehmer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| männlich  weiblich | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | ja  nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10** Auszubildender  ja  nein | | | | | | | | **11** Ist der Versicherte  Unternehmer  Ehegatte des Unternehmers  mit dem Unternehmer verwandt  Gesellschafter/Geschäftsführer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** Anspruch auf Entgeltfortzahlung | | | | | | | | | | | **13** Krankenkasse des Versicherten (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  des Versicherten  anderer Personen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18** Verletzte Körperteile | | | | | | | | | | | | | | | | | | | | | | | **19** Art der Verletzung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **20** Wer hat von dem Unfall zuerst Kenntnis genommen? (Name, Anschrift des Zeugen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | War diese Person Augenzeuge? | | | | | | | | | | | | | | | | | | |
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| **21** Name und Anschrift des erstbehandelnden Arztes/Krankenhauses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **22** Beginn und Ende der Arbeitszeit des Versicherten | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 der Versicherte ständig tätig? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26** Hat der Versicherte die Arbeit eingestellt?  nein  sofort später, am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tag | | | | | Monat | | | | | | Stunde | | | | |
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| **27** Hat der Versicherte die Arbeit wieder aufgenommen?  nein  ja, am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tag | | | | Monat | | | | | Jahr | | | | | | | | | | |
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| **28** Datum | | | | Unternehmer/Bevollmächtigter | | | | | | | | | | | Betriebsrat (Personalrat) | | | | | | | | | | | | | | | | | | Telefon-Nr. für Rückfragen (Ansprechpartner) | | | | | | | | | | | | | | | | | | | | | | | | |