

## Accident Report (Students)



### Ownership of the institution

State of Thuringia

Zentrum für studentische und akademische  
Angelegenheiten  
Centre for Student and Academic Affairs  
Altonaer Straße 25, 99085 Erfurt

### Type of institution

49

Tel.: 0361 6700-111

Email: [studierendenservice@fh-erfurt.de](mailto:studierendenservice@fh-erfurt.de)

(To be filled out by the injured party or, in the case of a fatal accident, by surviving relatives who have knowledge of the accident)

### 1. Personal Details

Last name, first name		Date of birth	Place of birth	Gender <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> diverse
Address (street, house number, postcode, town/city)			Nationality	
Telephone number		Email		
Name and address of legal representatives				

### 2. Details of accident

Fatal accident? <input type="checkbox"/> yes <input type="checkbox"/> no	Time of accident day month year hour minutes	Location (please state address or, in the case of a commuting accident, the exact location)		
Working hours on the day of the accident:		Started at:	Finished at:	
Injured body parts <sup>1</sup>		Type of injury <sup>2</sup>		
Detailed description of the accident (please state exactly how the accident relates to your attendance at the university, e.g. travelling to/from university etc.) <sup>3</sup>				
Described by: <input type="checkbox"/> the injured party <input type="checkbox"/> others				
Did the injured party have to discontinue his/her attendance at the above-mentioned institution as a result of the accident?			day	month year
			<input type="checkbox"/> no <input type="checkbox"/> immediately <input type="checkbox"/> yes, on	
Has the injured party resumed attendance at the institution?			day	month year
			<input type="checkbox"/> no <input type="checkbox"/> yes, on	
Who else has knowledge of the accident? (name, address)		Did this person witness the accident? <input type="checkbox"/> yes <input type="checkbox"/> no		
Name and address of the first doctor / hospital to treat the injured party		Period of attendance at the university Start: Finish:		
Town/city, date		Signature of the student		

## General Information

<b>Who</b> should file the accident report?	The employer (bearer of material costs) is obliged to report the accident - if the educational institution is not the employer, the educational institution or its authorized proxy is obliged to report the accident. Authorized proxies are persons who have been appointed by the employer to file accident reports. In schools and kindergartens, this is usually the head of the institution.
<b>When</b> should an accident report be filed?	A report must be filed if insured persons are killed or sustain injuries requiring medical treatment as a result of an activity related to their attendance at the institution or due to a commuting accident (e.g. while travelling between their home and the institution).
<b>How many</b> copies of the accident report should be provided? <b>Where</b> is it to be sent?	The accident report must be sent to the respective accident insurance provider (e.g. municipal accident insurance association, professional association). <b>One copy</b> is to be kept at the institution for documentation purposes.
<b>Who</b> should be informed of the accident report?	Insured parties for whom a report is filed - or, in the case of minors, their legal representatives - must be informed of their right to request a copy of the report.
<b>How</b> is the accident report to be filed?	In addition to being sent by post, it may also be possible to file the report online if the recipient offers this option on its website, for example.
What is the <b>time limit</b> for filing the accident report?	The person obliged to report the accident or their authorized proxy must file the report <b>within 3 days</b> of learning of the accident.
What needs to be done in the event of <b>serious</b> accidents, multiple casualties and fatalities?	Fatal accidents, multiple casualties and injuries resulting in serious health problems must be reported <b>immediately</b> to the accident insurer (by telephone, fax, email).

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<sup>1</sup> Examples: Right forearm, left index finger, left foot and right side of head.

<sup>2</sup> Examples: Contusion, fracture, sprain, burn, laceration, cut.

<sup>3</sup> The description of how the accident happened should include details of the accident and its circumstances (e.g. where, how, why, under what circumstances the accident occurred).

The following points should be addressed in particular:

- place where the accident occurred, e.g. in the corridor, courtyard, seminar room, gym
- type of event (e.g. lecture, excursion, projects, etc.)
- circumstances that characterise how the accident happened, e.g. falling while cycling, slipping on the floor, tripping on a staircase, injury caused by snowball
- exceptional circumstances, e.g. slippery snow, wet ground or leaves, exposure to hazardous substances.

The description of the accident can be continued on a separate sheet.