Receiver: SÜDVERS GmbH Assekuranzmakler\*Glemseckstr. 77\*71229 Leonberg

Mr Tröster Tel. 07152 9262-352; Fax: 07152 9262-43352

## Accident minutes for traffic accidents (conditions: 15/01/2012)

A. General data				
Day of accident:	Time of accident : Place of accident :			
Address:				
Purpose of travel:	Business	Private		
B. Data of Zeppelin R	ental - vehicle and its	s driver		
Registration no. :	Registration no. of trailer:			
Driver: Zeppelin R	ental - employee	Custome	r 🗌	
Zeppelin Rental - agent	· ·			
Name :	First na	me:	born:	
Address of driver: Zip	and city:	rd. / No.:		
Drivers licence : Classes	: Issued to:	By authority:		
Name and address of th	ne front seat passenger	:		
Damage to the vehicle	•			
Costs of damage € appr	OX.:			
C. Data of the opposin				
Registration no. :	Registration n	o. of trailer:		
Brant:	Type:			
Insurance :	Police-No.:			
Drivers - name :	First name :		born :	
Address of driver :				
Name and address of the	ne owner of the vehicle	<u>):</u>		
Name and address of the	ne front seat passenger	<u>:                                    </u>		
Damage to the vehicle	:			
Other damages :				
D. Names and address	ses of witnesses :			

What kind of injuries?  F. Description of accident:  G. Additional data:  Speed of vehicles:    Light-, weather- and road-conditions:  Address of police-station:  Police file reference:  Who was chargeable warned? You    Accident opponents    Was complained of the road safeyt of your vehicle?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    How man and the safety of your vehicle?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    How man and the safety of your vehicle?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    Have you been under influence of alcohol, drugs or medicine?    Yes    No    How man and the safety of your vehicle?    Yes    No    How man and the safety of your vehicle?    Yes    No    No    How man and the safety of your vehicle?    Yes    No    No    How man and the safety of your vehicle?    Yes    No    How man and the safety of your vehicle?    Yes    No    No    How man and the safety of your vehicle?    Yes    No    How man and the safety of your vehicle?    Yes    No    No    How man and the safety of your vehicle?    Yes    No    No    How man and the safety of your vehicle?    Yes    No    No    How man and the safety of your vehicle?    Yes    No    No    No    No    How man and the safety of your vehicle?    Yes    No    N	E. With bodily injury or killed:
F. Description of accident:  G. Additional data:  Speed of vehicles: Zeppelin Rental vehicle: Opposite vehicle: Light-, weather- and road-conditions: Address of police-station: Police file reference: Who was chargeable warned? You Accident opponents  Was complained of the road safeyt of your vehicle? Yes No  Have you been under influence of alcohol, drugs or medicine? Yes No	Name and address of the hurt one (killed one):
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Have you been under influence of alcohol, drugs or medicine? Yes No	
A sketch of the accident has to be added!	Have you been under influence of alcohol, drugs or medicine? Yes No
	A sketch of the accident has to be added!

Signature of the driver of the Zeppelin Rental-vehicle

Place, date