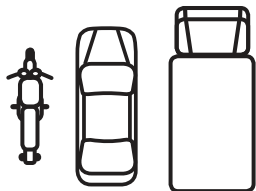
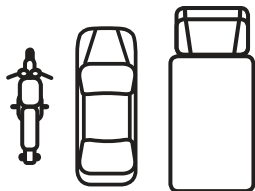


1. Dátum nehody _____ Hodina _____	2. Miesto (ulica, č. domu, kilometer cesty, mesto, štát) _____	3. Zranení áno <input type="checkbox"/> nie <input type="checkbox"/>
4. Iné poškodenia ako na vozidlách A a B áno <input type="checkbox"/> nie <input type="checkbox"/>	5. Svedkovia (mená, adresy a tel. čísla) - spoluzajdca podčiarknite _____	Vyšetované políciou áno <input type="checkbox"/> nie <input type="checkbox"/>

Vozidlo A	Vozidlo B
6. Držiteľ (Meno, adresa) _____ _____	6. Držiteľ (Meno, adresa) _____ _____
A	B
Telefón (9 - 16 hodín) _____ áno nie <input type="checkbox"/> <input type="checkbox"/>	Telefón (9 - 16 hodín) _____ áno nie <input type="checkbox"/> <input type="checkbox"/>

7. Vozidlo Typ-značka _____ EĚV/ŠPZ _____	12. Vyznačte	7. Vozidlo Typ-značka _____ EĚV/ŠPZ _____
8. Poistite ¾ zodpovednosti za škodu z prevádzky motorového vozidla _____ _____	1 Vozidlo stálo	8. Poistite ¾ zodpovednosti za škodu z prevádzky motorového vozidla _____ _____
Adresa _____	2 Vozidlo sa pohýnalo	Adresa _____
Číslo poisťky _____	3 Vozidlo zastavovalo	Číslo poisťky _____
Zelená karta číslo _____	4 Vozidlo vychádzalo z miesta ležiaceho mimo cesty	Zelená karta číslo _____
Platnosť zelenej karty Platí do: _____	5 Vozidlo odbočovalo na miesto ležiace mimo cesty	Platnosť zelenej karty Platí do: _____
Vozidlá poistené havarijnú (KASKO) áno <input type="checkbox"/> nie <input type="checkbox"/>	6 Vozidlo vchádzalo na kruhový objazd	Vozidlá poistené havarijnú (KASKO) áno <input type="checkbox"/> nie <input type="checkbox"/>
V ktorej poisťovni? _____	7 Vozidlo išlo po kruhovom objazde	V ktorej poisťovni? _____
9. Vodič Meno _____ Priezvisko _____	8 Vozidlo narazilo do zadnej časti vozidla idúceho tým istým smerom v tom istom pruhu	9. Vodič Meno _____ Priezvisko _____
Vodič. pr. č. _____	9 Vozidlo išlo súběžne	Vodič. pr. č. _____
Skup. _____ Vystavil _____	10 Vozidlo prechádzalo z pruhu do pruhu	Skup. _____ Vystavil _____
Platný od _____ do _____ (Pre bus, taxi)	11 Vozidlo predchádzalo	Platný od _____ do _____ (Pre bus, taxi)
10. Hlavný smer nárazu (označte šípkou)	12 Vozidlo odbočovalo vpravo	10. Hlavný smer nárazu (označte šípkou)
← Počet vyznačených polí →	13 Vozidlo odbočovalo vľavo	
	14 Vozidlo cúvalo	
	15 Vozidlo prešlo do protismeru	
	16 Vozidlo prišlo sprava	
	17 Vozidlo nedalo prednosť v jazde	
	(Prípadný iný priebeh nehody uveďte v poznámke)	

13. Plánik nehody	13. Plánik nehody
↓	↓
	
14. Poznámky	14. Poznámky
_____	_____
_____	_____
_____	_____

15. Nehodu zavinil	A	15. Nehodu zavinil	B
Vodič vozidla A	áno <input type="checkbox"/> nie <input type="checkbox"/>	Vodič vozidla A	áno <input type="checkbox"/> nie <input type="checkbox"/>
Vodič vozidla B	áno <input type="checkbox"/> nie <input type="checkbox"/>	Vodič vozidla B	áno <input type="checkbox"/> nie <input type="checkbox"/>
Spoluviná	áno <input type="checkbox"/> nie <input type="checkbox"/>	Spoluviná	áno <input type="checkbox"/> nie <input type="checkbox"/>
Iný (meno, adresa) _____		Iný (meno, adresa) _____	

Agreed statement of facts on motorvehicle accident

Must be signed by both drivers

1. Date of accident	Time	2. Place (street, N° of house, road kilometer, city, country)	3. Injuries yes <input type="checkbox"/> no <input type="checkbox"/>
4. Other than car damages A and B yes <input type="checkbox"/> no <input type="checkbox"/>	5. Witnesses (underline the follow-travelers)		Investigated by police yes <input type="checkbox"/> no <input type="checkbox"/>

Vehicle A

6. Owner (Name and address)

A

telephone (9 a.m. - 4 p.m.) _____

Payer of V.A.T. yes no yes no

Vehicle B

6. Owner (Name and address)

B

telephone (9 a.m. - 4 p.m.) _____

Payer of V.A.T. yes no yes no

7. Vehicle
Type-Mark _____
Registration No. _____

12. Put a cross in each of the relevant spaces to help explain the plan

7. Vehicle
Type-Mark _____
Registration No. _____

8. Third-party liability insurer

Address: _____
Policy No. _____
Green Card No. _____

- | | | | | |
|--------------------------|----|---|----|--------------------------|
| <input type="checkbox"/> | 1 | The car was parked | 1 | <input type="checkbox"/> |
| <input type="checkbox"/> | 2 | Starting to ride | 2 | <input type="checkbox"/> |
| <input type="checkbox"/> | 3 | Stopping | 3 | <input type="checkbox"/> |
| <input type="checkbox"/> | 4 | Entering the road | 4 | <input type="checkbox"/> |
| <input type="checkbox"/> | 5 | Leaving the road | 5 | <input type="checkbox"/> |
| <input type="checkbox"/> | 6 | Entering the roundabout | 6 | <input type="checkbox"/> |
| <input type="checkbox"/> | 7 | Circulating in a roundabout | 7 | <input type="checkbox"/> |
| <input type="checkbox"/> | 8 | Striking the rear of the other vehicle while going in the same direction and in the same lane | 8 | <input type="checkbox"/> |
| <input type="checkbox"/> | 9 | Going in the same direction but in a different lane | 9 | <input type="checkbox"/> |
| <input type="checkbox"/> | 10 | Changing the lanes | 10 | <input type="checkbox"/> |
| <input type="checkbox"/> | 11 | Overtaking | 11 | <input type="checkbox"/> |
| <input type="checkbox"/> | 12 | Turning to the right | 12 | <input type="checkbox"/> |
| <input type="checkbox"/> | 13 | Turning to the left | 13 | <input type="checkbox"/> |
| <input type="checkbox"/> | 14 | Reversing | 14 | <input type="checkbox"/> |
| <input type="checkbox"/> | 15 | Encroaching in the opposite traffic lane | 15 | <input type="checkbox"/> |
| <input type="checkbox"/> | 16 | Coming from the right | 16 | <input type="checkbox"/> |
| <input type="checkbox"/> | 17 | Not observing a right of way sign | 17 | <input type="checkbox"/> |

8. Third-party liability insurer

Address: _____
Policy No. _____
Green Card No. _____

(For foreigners only) valid until _____
Green Card _____

Is the damage to the vehicle insured?
yes no

In which Insurance Comp.? _____

(For foreigners only) valid until _____
Green Card _____

Is the damage to the vehicle insured?
yes no

In which Insurance Comp.? _____

9. Driver
Name _____
Surname _____
Address _____
Driving license No. _____
Groups _____ Issued by _____

9. Driver
Name _____
Surname _____
Address _____
Driving license No. _____
Groups _____ Issued by _____

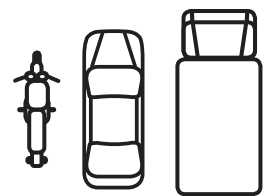
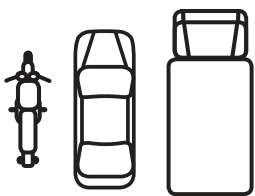
Valid from _____ to _____
(for bus, taxi etc.)

Valid from _____ to _____
(for bus, taxi etc.)

10. Indicate by an arrow the point of initial impact

Total number of spaces marked with a cross

10. Indicate by an arrow the point of initial impact



11. Visible damage

11. Visible damage

14. Remarks

14. Remarks

15. Accident caused by
Vehicle driver A yes no
Vehicle driver B yes no
Common fault yes no
Other (name, address) _____

16. Signatures of the participants

15. Accident caused by
Vehicle driver A yes no
Vehicle driver B yes no
Common fault yes no
Other (name, address) _____

