

(First name, surname, position)

Work tel. no.

Accident report (for civil servants only)

To the
Vice-President for Operations
of Paderborn University

cc: Dean of the Faculty of Arts and Humanities
cc: Head of Department 1

On _____, I suffered an accident, the cause and circumstances of which are detailed in the following questionnaire.

I hereby request that the accident be officially classified as a workplace accident.

The following documents are attached:

1. A doctor's certificate stating the nature and extent of the injuries sustained
2. Two written accounts of the accident submitted by witnesses, or
– if there are no first-hand witnesses –
Two statements from individuals who were the first to become aware of the accident
3. A sketch of the scene of the accident – commuting accidents only

Questionnaire

1. Personal information:

- a) First name and surname:
- b) Position: _____, Civil servant on a probationary basis
- c) Date of birth:
- d) Home address (postcode, town/city, street):
- e) Marital status:
- f) No. of children eligible for child allowance:

2. Information about the accident:

- a) Day, date and exact time:
- b) - The accident occurred during worktime in the office/work building or on the campus premises:
 - During an off-campus university event:
 - During the work commute:
 - On a scheduled business trip:
- c) If the accident occurred during the work commute:
When – exact time that your working day started and ended on the day of the accident:
- d) Description of the scene of the accident:
- e) Description of the regular work commute:
- f) Cause and circumstances of the accident (if necessary, brief description on a separate sheet):

- g) Names of the witnesses to the accident:

3. Fault of other person(s), physical condition of the university employee

- a) Was the accident entirely or partially caused by the fault of another person/other persons?:

If yes, names and address of each person:

- b) If the incident was a traffic accident, what police department initiated the police investigation?
- c) Was the person injured in the accident completely healthy prior to the accident?
Did the injured person have any prior existing physical disabilities, injuries or other physical impairments? If yes, which:

4. Consequences of the accident

- a) Body part and type of injuries sustained:
- b) Expected recovery time:
- c) When was medical assistance sought in connection with the accident?

Name of emergency doctor:

- d) Was in-patient hospital treatment required?
If yes, name of hospital:
Admitted to hospital on:
- e) Discharged from hospital on:
- f) Did the injured person immediately stop working, and if yes, when?

- g) Is the employee unable to work?
If yes, expected duration of the incapacity to work:
- h) When did the injured person return to work?
5. Insurance coverage
What accident or health insurance will be utilised in connection with the accident?
6. Does the injured person receive an accident or disability pension or other recurring benefits or compensation in addition to their salary, and if yes, which?
7. If the accident report was completed and submitted later than 7 days after the accident, specify reasons for the delay in submitting the report:

Notes:

1. All copies of an invoice issued by the billing party, i.e. originals and existing duplicates/duplicate copies/copies, must be submitted to the Human Resources department upon receipt.
2. The relevant costs can be reimbursed only if the accident has been classified as an workplace accident within the meaning of the North Rhine-Westphalia Civil Servant Benefits Act (LBeamtVG NRW). In principle, no reimbursement or reimbursement in advance can be made prior to classification of the accident as a workplace accident. You are liable for paying the billing party.
3. If the accident is classified as a workplace accident, you will not be entitled to any state subsidies or health insurance benefits in addition to the relevant accident benefits.
4. If damage also occurred to private property: Claims for damages must be submitted in accordance with § 38 of the Civil Servant Benefits Act (LBeamtVG), in conjunction with § 82 of the Law on Civil Servants (LBG) within a period of 3 months.
5. Special provisions in the event of third-party fault:
In the event that the accident was caused by a third party, you have no direct claim to benefits against this third party. This right will be transferred to your employer, in accordance with § 81 of the Law on Civil Servants (LBG). Excluded from this are any claims for damages for pain and suffering, which you must assert directly with the person responsible for the accident.

By signing this accident report, you confirm that you have read and accept the statutory subrogation provisions.

Paderborn, dated

Signature

Reviewed and forwarded:
Dean
Head of Department

Signature and position/title