

How to fill out a traffic accident report?

To make filling out the form easier for you, we are providing a detailed overview of all the information that a traffic accident report should contain:

1. Date of the accident - fill in the date and time as accurately as possible.

2. Location - state the place where the accident occurred, again as accurately as possible. Street name and house number, or the kilometer marker of the road, in which direction, near which municipality, parking lot at a shopping center, etc. (e.g., *D11, 152 km, direction Hradec Králové or parking lot Albert, Červené vršky, Benešov*).

3. Injuries, including minor ones - check the box if this occurred.

4. Property damage to other vehicles or objects - check the box if other vehicles or objects were damaged in the accident (*traffic sign, lamp, guardrail, fence, etc.*).

! Keep in mind that if you check "yes" in points 3 or 4, it is necessary to call **the Police** of the Czech Republic at **158** for such an accident.

5. Witnesses - as much information as possible, names, addresses, phone numbers, etc. They are useful for clarifying any different views of the accident from both involved drivers.

6. Policyholder/Insured - for both vehicle A and B. Use the proof of insurance - i.e., the "Green Card" (stated on the card in the upper right in point 9). Always state the full name, permanent address, and contact phone number, or the full company name and address if it is a company vehicle.


9. Jméno a adresa pojistníka (nebo provozovatele vozidla) Name and Address of the Policyholder (or User of the Vehicle) Drivalia Lease Czech Republic s.r.o., Bucharova 1423/6, 158 00 Praha 5

7. Vehicle - applies to both vehicle A and B. State the makes, models, registration numbers, and country of registration, which you can get from the [small technical certificate](#) or the "Green Card" (points 5+7).

5. Registrační značka (není-li, uveďte se VIN nebo číslo podvozku nebo motoru) / Registration No. (or if none) Chassis or Engine No.: 1ABI079	6. Druh vozidla* Category of Vehicle* A	7. Značka vozidla Make to vehicle SKODA Superb
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8. Insurer - you will find this information on the "Green Card" as well. It is necessary to fill in the names of the insurance companies with which the vehicles are insured (point 10), the insurance policy number, the number and validity of the "Green Card" (points 3+4).

You can also add the address of the insurance company's branch, but it is not necessary. Check whether the vehicle has comprehensive insurance.

10. Tato karta byla vydána: This card has been issued by:  UNIQA pojišťovna, a.s. Evropská 810/136, 160 00, Praha 6
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3. OD FROM						PLATNÁ - VALID DO TO						4. Kód země / Kód pojistitele / Číslo Country Code / Insurer's Code / Number CZ/0014/ 4413614252
Den Day	Měsíc Month	Rok Year	Den Day	Měsíc Month	Rok Year							
01	01	2025	31	12	2025							
(Obě data včetně) (Both Dates inclusive)												

Note: The Green Card number is the entire number including the Country Code/Insurer's Code/Number. The policy number is only the number after the last slash, in this case **4413614252**.

**Drivalia Lease
Czech Republic s.r.o.**

Bucharova 1423/6
158 00 Praha 5
Česká republika

IČ: 63671069 DIČ: CZ63671069
Společnost je zapsána u Městského
soudu v Praze pod značkou C 37940

Člen bankovní skupiny
CA Auto Bank S.p.A.

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9. Driver - you fill this in for both vehicle A and B; this is the data of the drivers - i.e., the participants in the accident. The car could have been driven by someone other than its owner. The required information is first name, last name, date of birth, permanent address, and contact details. Also, fill in the driver's license numbers of both drivers, including their validity and the category of driving license.

10. Points of initial impact - in this case, it is necessary to mark with an arrow on the displayed diagrams of vehicles A and B the places where the vehicles collided, including the direction of impact.

11. Visible damage - in this section, briefly state which parts of your vehicle were damaged after the accident.

12. Circumstances of the accident - mark with a cross the points that correspond to the situation of both vehicles during the accident. Then, write the number of marked boxes in the square below. You can mark more than one situation.

13. Sketch of the accident at the moment of impact - in the designated space, try to draw the course of the accident as accurately as possible. Sketch the road, use arrows to indicate the direction of travel of the vehicles, write down the names of the streets or roads, draw traffic signs, traffic lights including the lit colors (red, orange, green), or it is sufficient to write "green light at the traffic light," etc. It is important to label vehicles A and B in the sketch; draw the situation from a bird's-eye view and simply represent the vehicle as a rectangle with the label A or B.

14. Remarks - space for both drivers' perspectives on the accident. We recommend that it is stated here who is the at-fault party and who is the injured party. For example, write: INJURED PARTY, AT-FAULT PARTY, I AGREE WITH MY FAULT, I AM THE AT-FAULT PARTY OF THE ACCIDENT, etc.

15. Signatures of the drivers - the form must be signed by both drivers, but unless it is specifically stated in the form (e.g., in the remarks section) that one of the drivers admits fault, the signature only confirms the authenticity of the filled-in data.

Tips

- If you have any doubts, call our client helpline for drivers at **296 333 666**, option 1.
- We recommend taking photos as soon as possible after the accident (ideally before the vehicles are removed from the road); it may be useful when resolving the insurance claim.
- The original of the record stays with the injured party; the at-fault party takes a photo of the original on their mobile phone and keeps the remaining copies.
- If the at-fault party refuses to fill out the record, it is necessary to call the police to the scene of the accident.
- In the case of a multiple-vehicle accident, the at-fault party fills out as many accident records as there were vehicles hit. The at-fault party is listed as vehicle A on each record. The first record includes vehicles A-B, the second record A-C (vehicle B is crossed out and replaced by C), and so on. These vehicles will also be shown in the accident sketch of each record.
- Each participant should fill out their part of the record in their own hand and should not fill in information about the other participant for them.

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Sample of a completed Traffic Accident Report

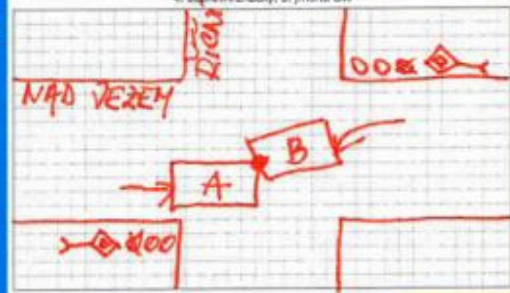
Záznam o dopravní nehodě

Slouží k dokumentaci průběhu nehody za účelem rychlejšího vyřízení náhrady škody.

Vyplní řidiči obou vozidel.

1. Datum nehody 21. 1. 2025 14:15		2. Místo (ulice, č. domu resp. kilometrovník) NAD JEZEM, PRAHA		3. Zranění? ne <input checked="" type="checkbox"/> ano <input type="checkbox"/>	
4. Jiná škoda než na vozidlech A a B ne <input checked="" type="checkbox"/> ano <input type="checkbox"/>		5. Svědci (jméno, adresa, telefon - spolujezdce podtrhnout) HUGO POKORAN 441 839 483		5a. Policejné šetřeno? ne <input checked="" type="checkbox"/> ano <input type="checkbox"/> Kým:	

Vozidlo A		Vozidlo B	
6. Pojištěný (jméno a adresa) DRIVALIA LEASE BUCHAROVA 1423/6, PRAHA 5 TEL: 333 666		6. Pojištěný (jméno a adresa) MATEJ MREVIČKA TOLNITŠKÝ, VETELOV TEL: 602 818 943	
7. Vozidlo Tov. značka, typ BMW X5 2024 Rok výroby 2024 Státní poznávací značka 9AK P197		7. Vozidlo Tov. značka, typ SKODA TAOIA 2019 Rok výroby 2019 Státní poznávací značka 645 9381	
8. Pojistitel UNIQA Adresa pobočky Číslo poj. odpovědnosti 44148391 Číslo zelené karty 02/0014/44148391 Hraniční pojištění platné do 1. 1. 31. 12. 25 Je vozidlo pojištěno havarijné? ne <input type="checkbox"/> ano <input checked="" type="checkbox"/> Pojistitel NOVOTNÝ Příjmení KAREL Jméno HRADČANSKÝ Adresa PRAHA 4 Číslo řidičského průkazu EK 2815371 Skupina A3 Vydal HEJ PRAHA		8. Pojistitel GENERALI Adresa pobočky Číslo poj. odpovědnosti 18181893 Číslo zelené karty 02/0001/18181893 Hraniční pojištění platné do 1. 1. 31. 12. 25 Je vozidlo pojištěno havarijné? ne <input checked="" type="checkbox"/> ano <input type="checkbox"/> Pojistitel MREVIČKOVÁ Příjmení ŽLATA Jméno TOLNITŠKÝ Adresa VETELOV Číslo řidičského průkazu KA 618449 Skupina B Vydal HEJ MOVT	
10. Označte šipkou body vzájemného střetu 		10. Označte šipkou body vzájemného střetu 	
11. Viditelná poškození P NARAZNÍK LP VĚTLO LP SLATNÍK PLASTY		11. Viditelná poškození P NARAZNÍK MASKA, MŘÍŽKA CHLADIC, KAPOTA	
14. Poznámky POVOLZENÝ		14. Poznámky VINÍK	

12. Zaškrtněte odpovídající body vozidlo: 1. bylo zaparkováno 2. rozjždělo se 3. zastavovalo 4. vyjždělo z parkoviště, soukrom. pozemku, polní cesty 5. odbočovalo na parkoviště, soukromý pozemek, polní cestu 6. vyjždělo do křiž. objezdu 7. jelo v kruhovém objezdu 8. najelo dozadu při jízbě stejným směrem ve stejném pruhu 9. jelo souběžně v jiném jízdním pruhu 10. měnilo jízdní pruh 11. předjíždělo 12. odbočovalo vpravo 13. odbočovalo vlevo 14. couvalo 15. jelo v protisměru 16. přijždělo zprava 17. nedalo přednost v jízbě		13. Náčrt Označte: 1. silnice, 2. směr jízdy vozidel A a B, 3. postavení vozidel v okamžiku střetu, 4. dopravní značky, 5. jména ulic 	
Počet označených políček		2	

Po podpisu a oddělení listů nelze již údaje měnit.