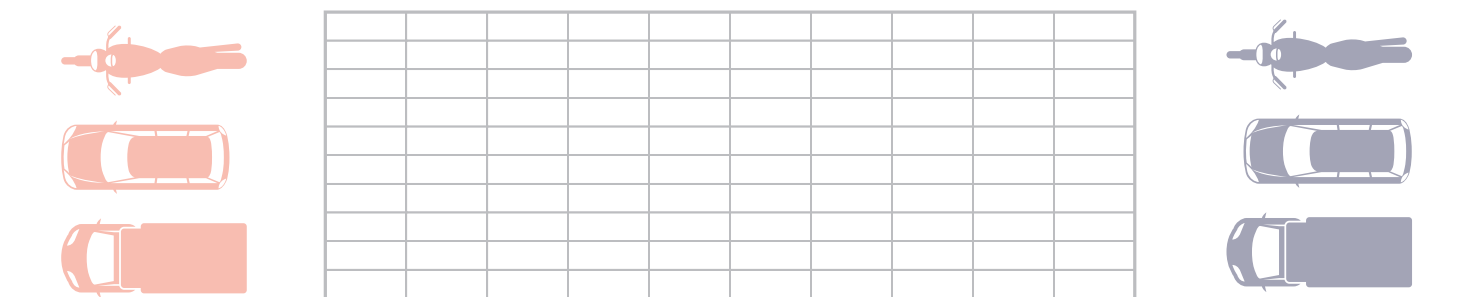


| Data zdarzenia Date of accident | | Godzina Time | Miejsce zdarzenia Vicinity | Województwo/powiat/gmina/miejscowość/droga/ulica Place | Osoby ranne Injury(ies) tak yes <input type="checkbox"/> ; nie no <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|---|--|---|--|----------|--|---|--|---|--|--------------------------|---|--|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|--|--------------------------|--------------------------|---|--|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|--|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|----|--------------------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|----|--|--------------------------|--------------------------|----|--------------------------------------|--------------------------|--------------------------|----|-----------------------------|--------------------------|--------------------------|----|---|--------------------------|--------------------------|----|---|--------------------------|--------------------------|----|---|--------------------------|------------------|--|--|
| Straty materialne Material damage | | | Świadkowie: Imiona/nazwiska/adresy/telefony Witnesses: Names/adresses/telephone numbers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pojazdy inne niż A i B vehicles other than A and B | | inne przedmioty niż pojazdy vehicles other than A and B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| tak yes <input type="checkbox"/> ; nie no <input type="checkbox"/> | | tak yes <input type="checkbox"/> ; nie no <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pojazd ubezpieczony A (wg dowodu/poliszy ubezpieczenia) Insured vehicle A (see insurance certificate) | | OKOLICZNOŚCI Circumstances zaznacz pola odpowiadające okolicznościom zdarzenia cross each of the relevant boxes to help explain the accident | | Pojazd ubezpieczony B (wg dowodu/poliszy ubezpieczenia) Insured vehicle B (see insurance certificate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko Name | | <table border="1"> <thead> <tr> <th colspan="2">POJAZDY</th> <th colspan="2">Vehicles</th> </tr> <tr> <th>A</th> <th></th> <th>B</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td>zaparkowany/zatrzymany parked/stopped</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td>ruszał z miejsca postoju/otwierał drzwi leaving a parking place/opening the door</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> <td>w trakcie parkowania entering a parking place</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4</td> <td>wyjeżdżał z parkingu/terenu prywatnego/ drogi nieutwardzonej entering a car park/private grounds/a track</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>5</td> <td>wjeżdżał na parking/ teren prywatny/drogę nieutwardzoną entering a car park/private grounds/a track</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6</td> <td>włączał się do ruchu okrężnego joining a roundabout</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>7</td> <td>poruszał się w ruchu okrężnym circulating a roundabout</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>8</td> <td>uderzył w tył pojazdu jadącego tym samym pasem ruchu striking the rear of the other vehicle while driving in the same lane</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>9</td> <td>jechał w tym samym kierunku, ale innym pasem ruchu driving in the same direction but in a different lane</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>10</td> <td>zmieniał pas ruchu changing lanes</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>11</td> <td>wyprzedzał overtaking</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>12</td> <td>skręcał w prawo making a right turn</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>13</td> <td>skręcał w lewo making a left turn</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>14</td> <td>cofał/zawracał reversing</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>15</td> <td>jechał pasem przeznaczonym do ruchu w przeciwnym kierunku encroaching on a lane reserved for circulation in the opposite direction</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>16</td> <td>na skrzyżowaniu nadjechał z prawej strony coming from the right junction</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>17</td> <td>nie udzielił pierwszeństwa przejazdu/ jechał na czerwonym świetle had not observed a right of way sign or a red light</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | POJAZDY | | Vehicles | | A | | B | | <input type="checkbox"/> | 1 | zaparkowany/zatrzymany parked/stopped | <input type="checkbox"/> | <input type="checkbox"/> | 2 | ruszał z miejsca postoju/otwierał drzwi leaving a parking place/opening the door | <input type="checkbox"/> | <input type="checkbox"/> | 3 | w trakcie parkowania entering a parking place | <input type="checkbox"/> | <input type="checkbox"/> | 4 | wyjeżdżał z parkingu/terenu prywatnego/ drogi nieutwardzonej entering a car park/private grounds/a track | <input type="checkbox"/> | <input type="checkbox"/> | 5 | wjeżdżał na parking/ teren prywatny/drogę nieutwardzoną entering a car park/private grounds/a track | <input type="checkbox"/> | <input type="checkbox"/> | 6 | włączał się do ruchu okrężnego joining a roundabout | <input type="checkbox"/> | <input type="checkbox"/> | 7 | poruszał się w ruchu okrężnym circulating a roundabout | <input type="checkbox"/> | <input type="checkbox"/> | 8 | uderzył w tył pojazdu jadącego tym samym pasem ruchu striking the rear of the other vehicle while driving in the same lane | <input type="checkbox"/> | <input type="checkbox"/> | 9 | jechał w tym samym kierunku, ale innym pasem ruchu driving in the same direction but in a different lane | <input type="checkbox"/> | <input type="checkbox"/> | 10 | zmieniał pas ruchu changing lanes | <input type="checkbox"/> | <input type="checkbox"/> | 11 | wyprzedzał overtaking | <input type="checkbox"/> | <input type="checkbox"/> | 12 | skręcał w prawo making a right turn | <input type="checkbox"/> | <input type="checkbox"/> | 13 | skręcał w lewo making a left turn | <input type="checkbox"/> | <input type="checkbox"/> | 14 | cofał/zawracał reversing | <input type="checkbox"/> | <input type="checkbox"/> | 15 | jechał pasem przeznaczonym do ruchu w przeciwnym kierunku encroaching on a lane reserved for circulation in the opposite direction | <input type="checkbox"/> | <input type="checkbox"/> | 16 | na skrzyżowaniu nadjechał z prawej strony coming from the right junction | <input type="checkbox"/> | <input type="checkbox"/> | 17 | nie udzielił pierwszeństwa przejazdu/ jechał na czerwonym świetle had not observed a right of way sign or a red light | <input type="checkbox"/> | Nazwisko Name | | |
| POJAZDY | | | | Vehicles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 1 | | | zaparkowany/zatrzymany parked/stopped | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 2 | | | ruszał z miejsca postoju/otwierał drzwi leaving a parking place/opening the door | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 3 | | | w trakcie parkowania entering a parking place | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 4 | | | wyjeżdżał z parkingu/terenu prywatnego/ drogi nieutwardzonej entering a car park/private grounds/a track | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 5 | | | wjeżdżał na parking/ teren prywatny/drogę nieutwardzoną entering a car park/private grounds/a track | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 6 | | | włączał się do ruchu okrężnego joining a roundabout | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 7 | | | poruszał się w ruchu okrężnym circulating a roundabout | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 8 | | | uderzył w tył pojazdu jadącego tym samym pasem ruchu striking the rear of the other vehicle while driving in the same lane | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 9 | | | jechał w tym samym kierunku, ale innym pasem ruchu driving in the same direction but in a different lane | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 10 | | | zmieniał pas ruchu changing lanes | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 11 | | | wyprzedzał overtaking | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 12 | | | skręcał w prawo making a right turn | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 13 | | | skręcał w lewo making a left turn | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 14 | | | cofał/zawracał reversing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 15 | jechał pasem przeznaczonym do ruchu w przeciwnym kierunku encroaching on a lane reserved for circulation in the opposite direction | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 16 | na skrzyżowaniu nadjechał z prawej strony coming from the right junction | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | 17 | nie udzielił pierwszeństwa przejazdu/ jechał na czerwonym świetle had not observed a right of way sign or a red light | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię First name | | Imię First name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres Address | | Adres Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy Postal code | | Kraj Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. lub e-mail Phone or e-mail | | Tel. lub e-mail Phone or e-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pojazdy/Przyczepa Vehicle/Trailer | | Pojazdy/Przyczepa Vehicle/Trailer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marka/typ Make/type | | Marka/typ Make/type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr rejestracyjny Registration no. | | Nr rejestracyjny Registration no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kraj rejestracji Country of registration | | Kraj rejestracji Country of registration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa ubezpieczyciela i numer polisy Insurance company and policy number | | Nazwa ubezpieczyciela i numer polisy Insurance company and policy number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa Name | | Nazwa Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr polisy no. | | Nr polisy no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ważna od valid from | | do until | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Czy pojazd posiada ubezpieczenie AC? Does the policy cover material damage to the vehicle | | tak yes <input type="checkbox"/> | | tak yes <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kierowca (wg prawa jazdy) Driver (see driving license) | | Kierowca (wg prawa jazdy) Driver (see driving license) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko Name | | Nazwisko Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię First name | | Imię First name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data urodzenia/PESEL Date of birth/national identification number | | Data urodzenia/PESEL Date of birth/national identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adres Address | | Adres Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy Postal code | | Kraj Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. lub e-mail Phone or email | | Tel. lub e-mail Phone or email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr prawa jazdy Driving license no. | | Nr prawa jazdy Driving license no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kategoria (A,B,...) Driving license no. | | Kategoria (A,B,...) Driving license no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ważna od Valid from | | Ważna od Valid from | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zaznacz strzałką miejsce uderzenia w pojazd A Use an arrow to indicate the point of initial impact to the vehicle A | | Zaznacz strzałką miejsce uderzenia w pojazd B Use an arrow to indicate the point of initial impact to the vehicle B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| | | | | | |
|--|--|--|--|--|--|
| Widoczne uszkodzenia pojazdu A Visible damage to vehicle A | | A Podpisy kierujących pojazdami Signatures of both drivers | | B Widoczne uszkodzenia pojazdu B Visible damage to vehicle B | |
| | | | | | |