**Landratsamt Coburg**

Fachbereich Tiefbau

**Kontakt:** Tel.: 0 95 61 / 5 14 - 4310

 Fax: 0 95 61 / 5 14 89 - 4310

 Mail: strassenmeisterei@landkreis-coburg.de

Beschädigung von Straßeneigentum nach Verkehrsunfall

**Angaben zum Unfallmelder:**

Name [ ]  Herr [ ]  Frau

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Name, Vorname

Anschrift             ---------------------------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------

 Straße PLZ, Ort

 ---------------------------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------ Telefon Handy

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 E-Mail

**Zum Unfall / zur Beschädigung:**

Datum des Unfalls   .   . 20   Zeitpunkt   :   Uhr --------------- -------------- ---------------  -------------- --------------

[ ]  in der Ortsdurchfahrt von

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[ ]  in der freien Strecke zwischen

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 und

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Kreisstraße (falls bekannt): CO   ---------------

Straßenkilometer (falls bekannt): im Abschnitt bei Station -------------------------------- ---------------------------------

**Art des Schadens an der Kreisstraße:**

[ ]  Schutzplanke

[ ]  Verkehrszeichen

[ ]  Leitpfosten

[ ]  im Asphalt

[ ]  im Straßenbankett

[ ]  sonstiges:

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**Angaben zum Fahrzeughalter:**

Name [ ]  Herr [ ]  Frau

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Name, Vorname

Anschrift

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 Straße PLZ, Ort

             ---------------------------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------

 E-Mailadresse Telefonnummer

**Angaben zum Schadensverursacher:**

Name [ ]  Herr [ ]  Frau

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Name, Vorname

Anschrift             ---------------------------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------

 Straße PLZ, Ort

            ---------------------------------------------------------------------------------------------------------------------------------------------- ------------------------------------------------------------------------------------------------------------------------

 E-Mailadresse Telefonnummer

**Versicherung:**

**Name der Versicherung:**

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 Anschrift:        ----------------------------------------------------------------------------------------------------------------------------------------------

 Straße

       ----------------------------------------------------------------------------------------------------------------------------------------------

PLZ, Ort

**Versicherungsnummer:**

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          ---------------------------------------------------------------------------------------------- -------------------------------------------------------------- ---------------------------------------------------------------------------------------------------------------------------

Ort Datum Unterschrift des Antragstellers

*© Landratsamt Coburg, Straßenmeisterei, Lauterer Straße 60, 96450 Coburg*

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