**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](mailto: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

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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

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E-Mailadresse Telefonnummer

**Angaben zum Schadensverursacher:**

Name  Herr  Frau

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Name, Vorname

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

Straße PLZ, Ort

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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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