

	OWN VEHICLE (OMA AJONEUVO)	Registration number / Rekisterinumero	OTHER VEHICLE (VIERAS AJONEUVO)	Registration number / Rekisterinumero
DRIVER (Kuljettaja)	Name / Nimi		Name / Nimi	
	Date of birth and ID code / Henkilötunnus		Date of birth and ID code / Henkilötunnus	
	E-mail / Sähköpostiosoite		E-mail / Sähköpostiosoite	
VEHICLE (Ajoneuvo)	Make and model / Merkki ja malli	Type (e.g. car) / Ajoneuvon tyyppi	Make and model / Merkki ja malli	Type (e.g. car) / Ajoneuvon tyyppi
TRAILER (Peräkärri)	Was a trailer used? / Käytettiinkö perävaunua	Registration number / Rekisterinumero	Was a trailer used? / Käytettiinkö perävaunua	Registration number / Rekisterinumero
DAMAGE TO VEHICLE (Ajoneuvon vauriot)	Please describe the damaged parts. Damage inspection must be agreed on with the insurer before any repairs. / Kuvaille mikä kohta ajoneuvossa vaurioitui. Vaurioiden tarkastuksesta on sovittava vakuutusyhtiön kanssa ennen korjaamista.		Please describe the damaged parts. Damage inspection must be agreed on with the insurer before any repairs. / Kuvaille mikä kohta ajoneuvossa vaurioitui. Vaurioiden tarkastuksesta on sovittava vakuutusyhtiön kanssa ennen korjaamista.	
	BODILY INJURIES / Henkilövahingot	IN OWN VEHICLE injured persons dead persons	IN OTHER VEHICLES injured persons dead persons	OUTSIDE THE VEHICLE injured persons dead persons
PERSONS SUFFERING INJURIES (Vahingon- kärsineet)	Name / Nimi		Name / Nimi	
	Date of birth and ID code / Henkilötunnus		Date of birth and ID code / Henkilötunnus	
	Street address / LähiosoiteVa		Street address / Lähiosoite	
	Postal code and town or municipality / Postinumero- ja toimipaikka		Postal code and town or municipality / Postinumero- ja toimipaikka	
	The person suffering injuries was in the vehicle no. _____ ? <input type="checkbox"/> 1 driver / kuljettaja <input type="checkbox"/> 2 front seat passenger / matkustaja edessä <input type="checkbox"/> 3 passenger elsewhere / matkustaja muualla <input type="checkbox"/> 4 not in the vehicle / ei ajoneuvossa	The loss of damage occurred / Vahinko sattui <input type="checkbox"/> 1 at work ? <input type="checkbox"/> 2 on one's way to or from work <input type="checkbox"/> 3 on one's way to or from school <input type="checkbox"/> 4 on leisure time Type of injuries <input type="checkbox"/> 1 minor injuries <input type="checkbox"/> 2 severe injuries <input type="checkbox"/> 3 dead ?	The person suffering injuries was in the vehicle no. _____ ? <input type="checkbox"/> 1 driver / kuljettaja <input type="checkbox"/> 2 front seat passenger / matkustaja edessä <input type="checkbox"/> 3 passenger elsewhere / matkustaja muualla <input type="checkbox"/> 4 not in the vehicle / ei ajoneuvossa	The loss or damage occurred <input type="checkbox"/> 1 at work ? <input type="checkbox"/> 2 on one's way to or from work <input type="checkbox"/> 3 on one's way to or from school <input type="checkbox"/> 4 on leisure time Type of injuries <input type="checkbox"/> 1 minor injuries ? <input type="checkbox"/> 2 severe injuries <input type="checkbox"/> 3 dead
HOW DID THE ACCIDENT OCCUR?	(Kuinka vahinko tapahtui)			
TIME, PLACE AND CIRCUM- STANCES	Date of accident		Day of the week	
	Exact place of accident (crossroads, street address, place name etc.)			
(Aika paikka ja olosuhteet)	Accident scene / Tapahtumapaikka ? <input type="checkbox"/> 1 railway crossing <input type="checkbox"/> 2 junction of a private road or area <input type="checkbox"/> 3 priority junction <input type="checkbox"/> 4 equal junction <input type="checkbox"/> 5 bridge <input type="checkbox"/> 6 curve <input type="checkbox"/> 7 straight stretch <input type="checkbox"/> 8 parking area, square, yard, service station or comparable <input type="checkbox"/> 9 other area	Traffic lights / Liikennevalot ? <input type="checkbox"/> 1 no traffic lights <input type="checkbox"/> 2 traffic lights in operation <input type="checkbox"/> 3 traffic lights out of operation Speed limit at the scene of accident ? own vehicle, km/h other vehicle, km/h Speed before the accident ? own vehicle, km/h other vehicle, km/h	Type of street or road / Tien laji ? own vehicle other vehicle 1 street or comparable 2 motorway 3 main road 4 other public road 5 private area 6 other road or area	Did the accident occur in a population centre? ? <input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no Road surface ? <input type="checkbox"/> 1 clear and dry <input type="checkbox"/> 2 clear and wet <input type="checkbox"/> 3 snowy or icy Lighting ? <input type="checkbox"/> 1 daylight <input type="checkbox"/> 2 dawn or dusk <input type="checkbox"/> 3 dark, illuminated road <input type="checkbox"/> 4 dark, unlit road
ALCOHOL (Alkoholi)	Were any of the persons involved in the accident under the influence of alcohol? / Oliko joku onnettomuuteen osallinen alkoholin vaikutuksen alainen? <input type="checkbox"/> no <input type="checkbox"/> yes		Who? / Kuka?	
POLICE IN- VESTIGATION (Poliisitutkinta)	Were the police called to the scene? <input type="checkbox"/> no <input type="checkbox"/> yes Kävikö poliisi paikalla?		Police district in charge of the case / Asiaa hoitava poliisipiiri	
			Was a blood test take / Otettiinkö verikoe? <input type="checkbox"/> no <input type="checkbox"/> yes	
			Has a police investigation been carried out? <input type="checkbox"/> no <input type="checkbox"/> yes Onko poliisitutkinta suoritettu?	