

# CROATIA

U.S. PERSONNEL COMPLETE AND FORWARD TO  
[usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil](mailto:usarmy.wiesbaden.usareur.mesg.oja-european-torts@army.mil)

## INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / PUNO IME I PREZIME LOKALNOG VOZAČA

ADDRESS OF LOCAL NATIONAL DRIVER / ADRESA LOKALNOG VOZAČA

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / OSIGURAVAJUĆE DRUŠTVO LOKALNOG VOZAČA

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ADRESU I TELEFONSKI BROJ OSIGURAVAJUĆEG DRUŠTVA

## INFORMATION TO BE COMPLETED BY U.S. VEHICLE OPERATOR

DATE OF INCIDENT

LOCATION OF THE INCIDENT

LICENSE PLATE NUMBER OF LOCAL NATIONAL VEHICLE

VEHICLE ID INFORMATION ON U.S. VEHICLE

U.S. PERSONNEL INVOLVED IN INCIDENT (NAMES, UNITS, AND CONTACT INFORMATION)

SHORT DESCRIPTION OF INCIDENT OR ACCIDENT

# CROATIA

**U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT**

**ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN CROATIA**

**ADRESA ZA PODNOŠENJE ZAHTJEVA PROTIV AMERIČKIH SNAGA U HRVATSKOJ**

**TRG KRALJA PETRA KREŠIMIRA IV BR. 1, 10000 ZAGREB**

**TELEPHONE NUMBER / TELEFONSKI BROJ: +385 (1) 4568 008**

**E-MAIL: infor@morh.hr**

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**DATE OF INCIDENT / DATUM INCIDENTA**

**LOCATION / MJESTO**

**U.S. VEHICLE INFORMATION / PODACI AMERICKOG VOZILA**

**NAME OF U.S. VEHICLE OPERATOR / IME I PREZIME AMERICKOG VOZACA**

**UNIT OF U.S. VEHICLE OPERATOR / JEDINICA AMERICKOG VOZACA**