

SLOVENIA

U.S. PERSONNEL COMPLETE AND FORWARD TO
usarmy.wiesbaden.usareur.mesq.oja-european-torts@army.mil

INFORMATION TO BE OBTAINED FROM DRIVER OF THE OTHER VEHICLE

FULL NAME OF LOCAL NATIONAL DRIVER / POLNO IME LOKALNO DRIVER

ADDRESS OF LOCAL NATIONAL DRIVER / NASLOV LOKALNO DRIVER

INSURANCE COMPANY OF LOCAL NATIONAL DRIVER / ZAVAROVALNICA LOKALNO DRIVER

INSURANCE COMPANY'S ADDRESS AND TELEPHONE NUMBER / ZAVAROVALNICE, NASLOV IN TELEFONSKA ŠTEVILKA

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

SLOVENIA

U.S. PERSONNEL COMPLETE AND PROVIDE TO POTENTIAL CLAIMANT

ADDRESS FOR FILING CLAIMS AGAINST U.S. FORCES IN SLOVENIA (Receiving State Claims Office)

NASLOV ZA POŠILJANJE ZAHTEVKE ZOPER AMERIŠKIH SIL V SLOVENIJI
SAF LEGAL SERVICE
GENERAL STAFF,
VOJKOVA CESTA 55
1000 LJUBLJANA
TELEPHONE NUMBER: (+386) 1 471 1397
E-MAIL: KATARINA.ZUPANC@MORS.SI

DATE OF INCIDENT / DATUM DOGODKA

LOCATION / LOKACIJA

U.S. VEHICLE INFORMATION / U.S. PODATKI VOZILA

NAME OF U.S. VEHICLE OPERATOR / IME AMERIŠKI VOZNIK

UNIT OF U.S. VEHICLE OPERATOR / ENOTA AMERIŠKI VOZNIK