



Sean Houghtby, Director of Property and Liability
 Email: SHoughtby@trindel.org
 PO Box 2069, Weaverville, CA 96093
 Office: 530-623-2322 | Fax 530-623-5019

TRINDEL AUTO CLAIM FORM

GIVE DETAILS AS FULLY AS POSSIBLE BUT DO NOT DELAY REPORT

Name of Person Making Report	Name _____		
	Home Address _____ (Street & No.)	(City or Town)	(State)
	Phone No. _____		
	Business Address _____ (Street & No.)	(City or Town)	(State)
	Business Phone No. _____		
Time, Type and Place of Accident	Date of Incident/Accident _____		
	Time of Incident _____ A.M. _____ P.M. _____		
	Where did incident/accident happen _____		
	Weather at time of incident/ accident _____		
	Type of incident/accident (i.e., slip & fall, vehicles, etc.) _____		
County Driver and Automobile (If Applicable)	Department _____		
	Make _____	Year _____	Type of Body _____
	VIN: _____		
	License _____		
	Name of Driver _____ Age _____		
	Address of Driver _____ Phone No. _____		
Persons Injured	Name _____	Addresses _____	Phone No. _____
1.	_____		
2.	_____		
3.	_____		
Nature and extent of injuries _____			

If medical aid was rendered, give name of doctor _____			
Where was injured taken _____ (City) _____			
Damage to Property of Others	Kind of property and extent of damage _____		
	Estimate of Damage \$ _____		
	If automobile, make of car _____	Year/Model _____	License _____
	Name of owner _____ Address _____		
	Has claim been made by other party _____ Where can property be seen _____		
Damage to your automobile	Extent of damage to your automobile. (Please give full details) _____		

Names and Addresses of Witnesses (Important)	Names _____	Addresses _____	Phone No. _____

**Description of
Accident
(If applicable)**

Direction your automobile was going _____ Other automobile _____

Other automobile _____

Rate of speed, your car _____ Other car _____

Number of persons in your car _____ Other car _____

Was roadway wet or dry _____ Paved _____ Dirt _____ Under construction _____

Was either automobile on the wrong side of the road, if so which automobile _____

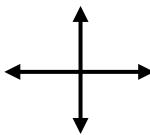
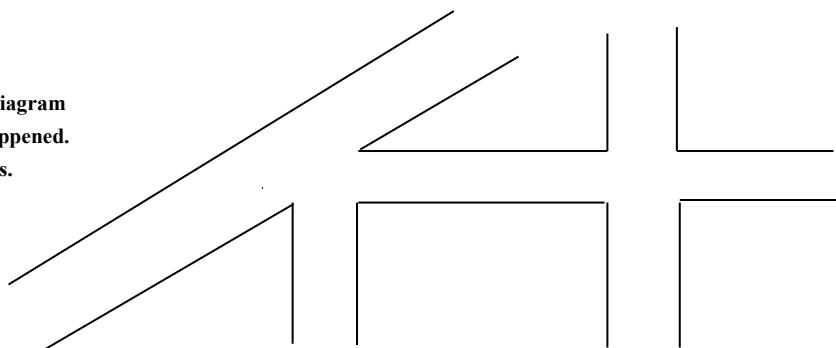
Was either driver arrested _____ Did police investigate _____

If at night, were all lights on other automobile lit

Who was at fault for the accident, and why _____

Please give full details of accident.

**Please show on diagram
How accident happened.
Give street names.**



Indicates points of compass
N.E.S.W.

**Date of This
Report**

Report made by _____

Month/Date/Year