

TRINDEL AUTO CLAIM FORM

GIVE DETAILS AS FULLY AS POSSIBLE BUT DO NOT DELAY REPORT

**Name of Person
Making Report**

Name _____

Home Address _____ Home Phone No. _____
(Street & No.) (City or Town) (State)

Business Address _____ Business Phone No. _____
(Street & No.) (City or Town) (State)

**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 _____

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 _____

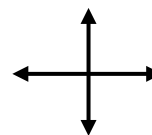
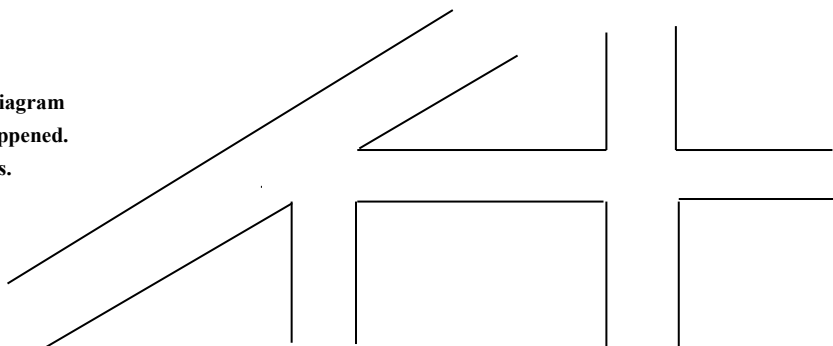
Was either driver arrested _____ Did police investigate _____

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**

Month/Date/Year

Report made by _____