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## TRINDEL AUTO CLAIM FORM

*GIVE DETAILS AS FULLY AS POSSIBLE BUT DO NOT DELAY REPORT*

<b>Name of Person Making Report</b>	Name _____		
	Home Address _____ (Street & No.)	(City or Town)	(State)
	Phone No. _____		
	Business Address _____ (Street & No.)	(City or Town)	(State)
	Business Phone No. _____		
<b>Time, Type and Place of Accident</b>	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.) _____		
<b>County Driver and Automobile (If Applicable)</b>	Department _____		
	Make _____	Year _____	Type of Body _____
	VIN: _____		
	License _____		
	Name of Driver _____ Age _____		
	Address of Driver _____ Phone No. _____		
<b>Persons Injured</b>	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) _____			
<b>Damage to Property of Others</b>	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 _____		
<b>Damage to your automobile</b>	Extent of damage to your automobile. (Please give full details) _____		
_____			
<b>Names and Addresses of Witnesses (Important)</b>	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 \_\_\_\_\_

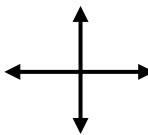
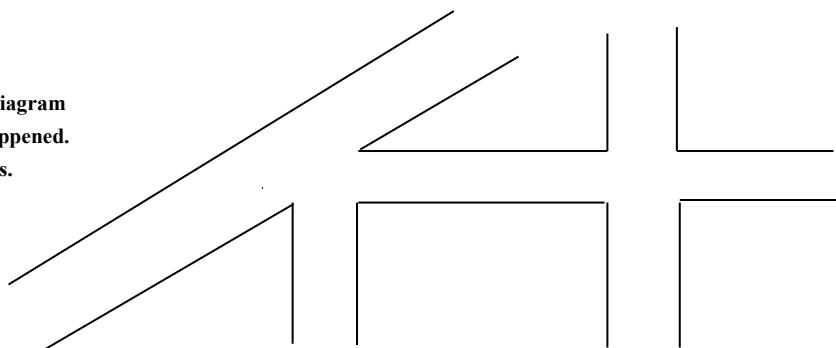
Was either driver arrested \_\_\_\_\_ Did police investigate \_\_\_\_\_

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