



Trinity County

VEHICLE ACCIDENT REPORT

| TIME AND LOCATION OF ACCIDENT | | | | | |
|--|--------------------------|--|-------------------|-----------------------|---------------------|
| Accident Date (Mo/Day/Year) | Day of Week | Time | AM PM | Number of Vehicles | |
| Road No. | Mile Marker | North____ West____ South____ East____ | | of _____ (City) | |
| NO. 1 (YOUR VEHICLE) | | | | | |
| Driver's Name (Last, First, MI) | | Date of Birth | Age | Sex | |
| Home Address City/State/Zip | Driver License No. | Home Phone # | Work Phone # | | |
| License Plate Number VIN # | Vehicle Year | Vehicle Make | Department | Job Title | |
| Damage Estimate: \$ _____ | Describe Vehicle Damage: | | | | |
| NO. 2 (OTHER VEHICLE) | | | | | |
| Driver's Name (Last, First, MI) | | Date of Birth | Age | Sex | |
| Home Address City/State/Zip | Driver License No. | Home Phone # | Work Phone # | | |
| Type of Vehicle | Vehicle Year | Vehicle Make | License Plate No. | State of Registration | No. of Occupants |
| Owner's name | Street Address | City/State/Zip | Phone Number | | |
| Insurance Company Name/Agent's name | | Address and Phone Number | | | |
| Damage Estimate: \$ _____ | Describe Vehicle Damage: | | | | |
| PROPERTY DAMAGED OTHER THAN VEHICLE (Fence, utility pole, etc.) | | | | | |
| Owner's Name | | Street Address | City/State/Zip | Phone Number | |
| Property Damage | | | | | |
| INJURED PERSONS (Attach additional sheets if necessary) | | | | | |
| Name and Address | | | Describe Injuries | Age | Sex |
| Driver Vehicle No. 1 (Regent Vehicle) | | | | | |
| Driver Vehicle No. 2 (Other Vehicle) | | | | | |
| Passenger Vehicle No. | | | | | |
| Passenger Vehicle No. | | | | | |
| PASSENGERS IN YOUR VEHICLE (Attach additional sheets if necessary) | | | | | |
| Name | | | Address | | |
| WITNESS (Attach additional sheets if necessary) | | | | | |
| Name | | | Address | | |



Trinity County ACCIDENT INFORMATION EXCHANGE SHEET

Trinity County Employee/Official: Please complete the bottom half of this form and give to the other party.
Have the other party complete the top half of this form and give to you.

Other Vehicle Information

Driver's Name _____

Street Address _____ City, State, Zip _____

Driver License No./State _____ Date of Birth _____

Work Phone No. _____ Home Phone No. _____

Owner's Name _____

Street Address _____ City, State, Zip _____

Name of Insurance Company _____ Policy No. _____

Address of Insurance Company _____ City, State, Zip _____

Type of Vehicle (Pass. Car, Truck, etc.) _____ Mileage _____

Make _____ Year _____ License Plate No. _____

Number of Occupants _____

Names and Addresses of Passengers/Witnesses _____

Trinity County Driver/Vehicle Information

Name _____ Work Phone _____

Driver License No./State _____ Date of Birth _____

Type of Vehicle (Pass. Car, Truck, etc.) _____ Mileage _____

Make _____ Year _____ License Plate No. _____

Street Address _____ City, State, Zip _____