



Trinity Technology Group Property Damage, Personal Injury, or Wrongful Death Claim Form

This claim form is for use if you have suffered property damage, personal injury or wrongful death AND you believe that a Trinity Technology Group employee's negligence caused the incident at one of the following airports: Tupelo MS; Charles M. Schulz Airport, CA; Lewistown, MT; Havre City, MT; Glasgow, MT; Glendive, MT; Wolf Point, MT; Miles City, MT; Sidney, MT. Please fill out this form in its entirety.

Please ensure you complete this form completely and accurately. When finished, SIGN the forms and return them via mail, e-mail, or fax to Trinity Technology Group.

INSTRUCTIONS FOR COMPLETING THIS CLAIM:

To Validate this Claim, it must have the following five items:

1. The claim must be SUM CERTAIN -This means that an exact U.S. Dollar Amount must be entered in box 12d
2. The claim must have a SPECIFIC DATE – The specific date of the alleged incidence.
3. The claim must name a *SPECIFIC LOCATION* - Please specify the specific location the alleged incident occurred.
4. It must have a STATEMENT OF FACT - In other words, be as detailed as possible. Please be accurate and detailed in the description to expedite the investigation and of your claim. Please include names, places, badge numbers and events.
5. All claims must have a SIGNATURE - Without a full legal signature your claim will not be processed

To Expedite Your Claim, the following elements should be included:

1. Purchase receipt of the ORIGINAL item lost or damaged.
2. Boarding Passes, copies of Baggage Tags, and any other Air Carrier to include Trinity Technology Group Notice of Inspection
3. Repair Estimates (if unable to repair, a written statement from the repair shop is required)
4. Replacement Estimates
5. Photographs of lost/damaged items (past or present)
6. Police, Witness, or Incident Reports (if applicable)
7. Air Carrier/Other company claim reports
8. Fill out the claim form completely (front and back). Blanks may delay your claim
9. Submit a claim immediately. Delay in filing a claim can make gathering information difficult or inaccurate

WHERE TO SUBMIT FORMS:

U.S. Mail Address:

11781 Lee Jackson Memorial Hwy, Suite 200, Fairfax, VA 22033

Fax: (703) 293-9015

E-mail: TTGClaims@trinitytechnologygroup.com

Upon submission of a claim form via USPS, you should receive an acknowledgement letter from Trinity Technology Group within three weeks. If it is submitted by fax or e-mail, you will receive acknowledgement within six days.

Trinity Technology Claim Form	INSTRUCTIONS: Please read the instructions provided carefully and supply all the information
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Return To:
**Trinity Technology
Group**

11781 Lee Jackson Memorial
Hwy, Suite 200, Fairfax, VA,
22033

2. Name, Address of Claimant and claimant's personal representative, if any. (See instructions above.) (Number, street, city, state, and zip

Claimant Information:	Claimant's Representative (if any):
Full Name: <input style="width:90%;" type="text"/>	Full Name: <input style="width:90%;" type="text"/>
Address: <input style="width:90%;" type="text"/>	Address: <input style="width:90%;" type="text"/>
City, State, Zip: <input style="width:90%;" type="text"/>	City, State, Zip: <input style="width:90%;" type="text"/>
Country: <input style="width:90%;" type="text"/>	Country: <input style="width:90%;" type="text"/>

<input type="checkbox"/> Military <input type="checkbox"/> Civilian	<input style="width:90%;" type="text"/>	5. Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow/Widower	6. Day and Date of Incident: <input style="width:90%;" type="text"/>	7. Time: (A.M. or P.M.) <input style="width:90%;" type="text"/>
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8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof)

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT: (Number, street, city, state, country, and Zip Code)

Full Name: <input style="width:25%;" type="text"/>	Address: <input style="width:40%;" type="text"/>	City, St. & Zip: <input style="width:20%;" type="text"/>	Country: <input style="width:15%;" type="text"/>
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BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE, AND LOCATION WHERE PROPERTY MAY BE INSPECTED.

10. PERSONAL INJURY / WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM.
IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT..

11. WITNESSES

1. Name: <input style="width:90%;" type="text"/>	Address/Phone: <input style="width:90%;" type="text"/>
2. Name: <input style="width:90%;" type="text"/>	Address/Phone: <input style="width:90%;" type="text"/>
3. Name: <input style="width:90%;" type="text"/>	Address/Phone: <input style="width:90%;" type="text"/>

12. AMOUNT OF CLAIM (In U.S. Dollars)

12a. Property Damage #1 Personal Injury or Wrongful Death #1	12b. Property Damage #2 Personal Injury or Wrongful Death #2	12c. Property Damage #3 Personal Injury or Wrongful Death #3	12d. Property Damage #4 Personal Injury or Wrongful Death #4
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

I CERTIFY THAT THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND/OR INJURIES OR DEATH CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE: (See instructions below)	13b. PHONE NUMBER OF SIGNATORY: <input style="width:90%;" type="text"/>	14. DATE OF CLAIM: <input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

This is to serve as notice that Trinity Technology Group will seek legal prosecution of any person(s) presenting Fraudulent Claims or Making False Statements.