

## 7. Driver Account of Accident

How fast was your vehicle going at the time of the accident? \_\_\_\_\_

What was the speed of the other vehicle? \_\_\_\_\_

Explanation of the accident: \_\_\_\_\_

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Draw a diagram of the accident below:

## Reporting Your Claim

To report your claim from anywhere in the U.S. or Canada, call your Agent or the Claims Office\* listed below NEAREST YOUR HOME.

State	*Claim Office	Call Toll Free
IL	PEORIA	888-335-3743
IN	FORT WAYNE	800-892-5655
	INDIANAPOLIS	800-624-1620
DC	SILVER SPRING	800-492-2709
MD	SILVER SPRING	800-492-2709
	HAGERSTOWN	800-533-5602
NC	CHARLOTTE	800-473-3882
	RALEIGH	800-533-3982
NY	ROCHESTER	800-333-0823
OH	CANTON	800-362-6541
	COLUMBUS	800-282-1702
PA	ALLENTOWN/BETH	800-322-9026
	ERIE (HOME OFFICE)	800-458-0811
	HARRISBURG	800-382-1304
	JOHNSTOWN	800-241-4209
	MURRYSVILLE	800-553-3367
	PHILADELPHIA	800-821-2902
VA	WARRENDALE	800-922-1824
	RICHMOND	800-322-3743
	ROANOKE	800-533-3743
	WAYNESBORO	800-542-2250
TN	KNOXVILLE	888-922-3743
WI	WAUKESHA	877-750-3743
WV	PARKERSBURG	800-642-1948

\* If you have a claim, we are here to serve you 24 hours a day, 7 days a week!

To report your claim after hours (5:30 p.m. to 8:00 a.m.) or on weekends, please call your Agent or our After Hours Claims Service toll free at **1-800-367-3743**.

To report a glass claim, call ElGlass at 1-800-552-ERIE (3743).

**CALL THE ERIE INSURANCE FRAUD FINDERS® HOTLINE Toll Free 1-800-368-6696** to confidentially report information on insurance fraud activities.

Provided as a courtesy by Erie Insurance Group. For additional brochures, call your ERIE Agent.

## The ERIE Is Above All In Service®

### For all your insurance needs

Erie Insurance Group offers a broad range of services to meet family insurance needs, including a variety of home and tenant insurance policies and boat insurance. The ERIE also offers a variety of business insurance products to meet the needs of both small and large businesses. Erie Family Life Insurance Company offers a complete line of products to meet individual and business life insurance needs.

**This brochure is not an insurance policy.** The policy contains the specific details of the coverages, conditions, and exclusions. All coverages are not available in all states. Your ERIE Agent can offer you professional advice and answer any questions you may have before you buy.

### Equal professional service

ERIE embraces the principle of "equal professional service," which means that every applicant, Policyholder and claimant receives the high caliber service that is our hallmark. The ERIE does not tolerate unlawful discrimination, and we expect our Agents to adhere strictly to that nondiscriminatory philosophy as well. The ERIE assesses each risk on its own merits and relies on objective underwriting criteria designed to evaluate the nature and extent of each risk.



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# Auto Accident

What to do



Erie Insurance Group

# What To Do When You Have An Accident

1. Protect your auto and any other property from further damage.
2. Promptly call the police if: someone is injured, damage is extensive, your vehicle has been stolen, or if you need their assistance.
3. Never admit liability or sign a statement unless authorized by The ERIE.
4. Complete the information on this card while you are at the accident scene.

This card does not replace the formal CLAIM REPORT you must file with your Agent or one of our offices. Its purpose is to aid you at the scene of the accident when gathering vital information.

5. Report the claim to your Agent or our closest branch office as soon as possible. For your convenience, you can also report your loss over our website at [www.erieinsurance.com](http://www.erieinsurance.com) by clicking on "Access ERIE" and then "Claim Reporting." Failure to report the claim to The ERIE as soon as possible can result in an unconditional discharge of coverage under our policy.
6. If you are a commercial driver, notify your employer of the accident.

*Please keep this in your vehicle's glove compartment.*

*Please follow these steps when recording all available claim information.*

My auto insurance policy number is:

\_\_\_\_\_

My Agent's name and telephone number is:

\_\_\_\_\_

## 1. Other Vehicle Involved

Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_

Type \_\_\_\_\_

Plate No. & State \_\_\_\_\_

Driver \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Describe Damage \_\_\_\_\_

Insurance Company Policy Number \_\_\_\_\_

## 2. Witnesses/Occupants

( ) Witness ( ) Occupant

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

( ) Witness ( ) Occupant

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

## 3. Persons Injured

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Nature of Injuries \_\_\_\_\_

Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Nature of Injuries \_\_\_\_\_

Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Nature of Injuries \_\_\_\_\_

Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Nature of Injuries \_\_\_\_\_

Seat Belt Used: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Hospital \_\_\_\_\_

## 4. Police Investigation

( ) Yes ( ) No

Police Department \_\_\_\_\_

Officer's Name \_\_\_\_\_

ID No. \_\_\_\_\_

Department Location \_\_\_\_\_

Incident Number \_\_\_\_\_

## 5. Date, Time and Place of Accident

Date \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

State \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_

On \_\_\_\_\_

Street, Highway or Route

At or Near \_\_\_\_\_

Interstate or Highway, House Number or Other Landmarks

## 6. Property Damage other than Vehicle *(mailbox, buildings, fence, personal effects, etc.)*

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Describe Damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_