

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: _____

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 Claim 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
	ERIE (CLAIMS)	877.771.3743
	HARRISBURG	800.382.1304
	JOHNSTOWN	800.241.4209
	MURRYSVILLE	800.553.3367
	PHILADELPHIA	800.821.2902
WARRENDALE	800.922.1824	
VA	RICHMOND	800.322.3743
	ROANOKE	800.533.3743
	WAYNESBORO	800.542.2250
TN	KNOXVILLE	888.922.3743
WI	WAUKESHA	877.740.3743
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 ERIEGlass 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. For additional brochures, call your ERIE Agent.

For All Your Insurance Needs

Erie Insurance offers a broad range of services to meet your personal insurance needs, including auto, boat and a variety of home and tenant insurance policies. ERIE also offers a variety of business insurance products to meet the needs of both small and large businesses. Erie Family Life Insurance 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. ERIE does not tolerate unlawful discrimination, and we expect our Agents to adhere strictly to that nondiscriminatory philosophy as well. ERIE assesses each risk on its own merits and relies on objective underwriting criteria designed to evaluate the nature and extent of each risk.

*Life insurance not available in New York.

“take note”



Home Office • 100 Erie Insurance Place • Erie, PA 16530
814.870.2000 • www.erieinsurance.com

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“When you’re in an accident, it’s hard to remember what to do. Keep this little pamphlet handy (in your glove box) to help you through.”

FOLLOW THESE STEPS WHEN RECORDING ALL THE DETAILS OF THE ACCIDENT.

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 _____

At or Near _____

6. PROPERTY DAMAGE OTHER THAN VEHICLE

(mailbox, buildings, fence, personal effects, etc.)

Property Owner _____

Address _____

Phone (H) _____ (W) _____

Describe Damage _____

