

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 Claims Office* listed below NEAREST YOUR HOME.

State	*Claim Office	Call Toll Free
IL	PEORIA	800-624-1620
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
TN	WAYNESBORO	800-542-2250
	KNOXVILLE	888-922-3743
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 EIGlass 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.

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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.



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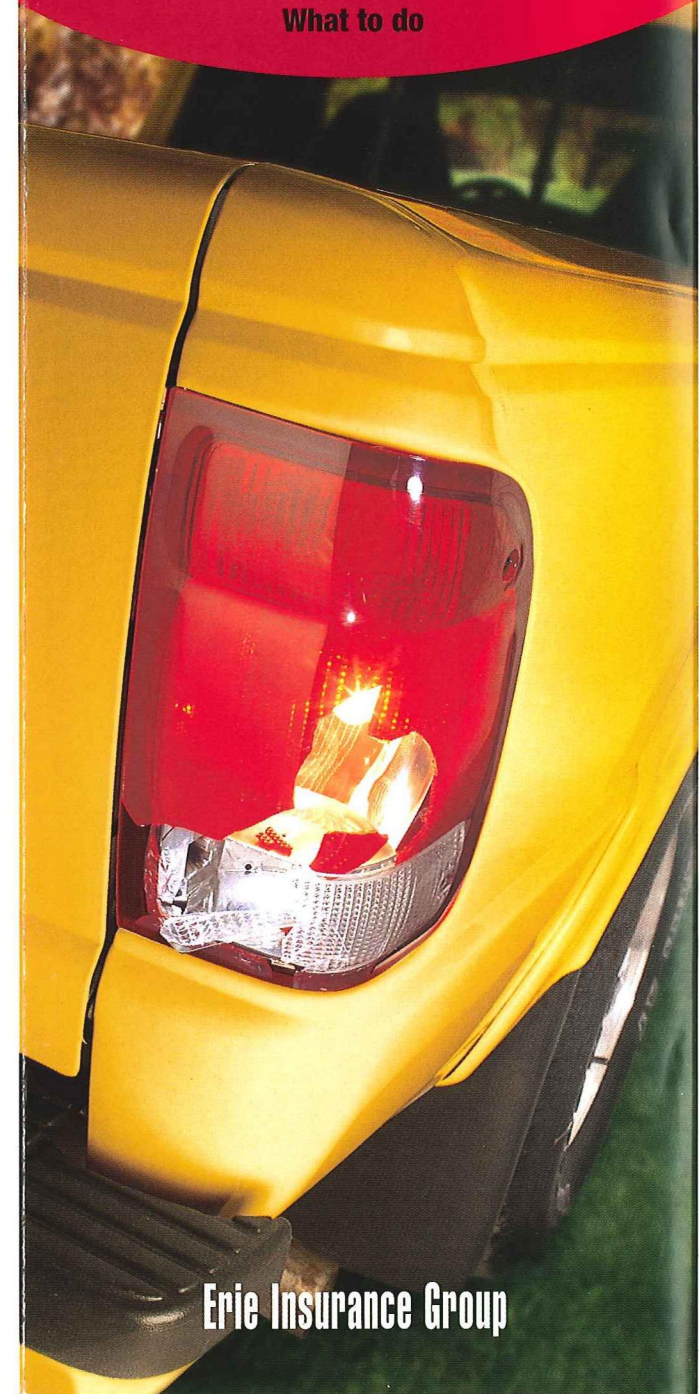
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Auto Accident

What to do



Erie Insurance Group



Please keep this in your vehicle's glove compartment.

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. 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 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 _____
