



CITY OF ERIE

ACCIDENT OR LOSS REPORT

Solicitors File No. _____

TIME & PLACE	NAME	NAME _____		
	ADDRESS	ADDRESS _____	CITY / STATE _____	ZIP _____
	CELL / Text	CELL / Text _____	EMAIL / FAX _____	
	DATE & TIME OF ACCIDENT OR LOSS	DATE & TIME OF ACCIDENT OR LOSS _____ () a.m. () p.m.		
	LOCATION OF ACCIDENT OR LOSS	LOCATION OF ACCIDENT OR LOSS _____		
PERSONAL INJURY	NAME	NAME _____		
	ADDRESS	ADDRESS _____	CITY / STATE _____	ZIP _____
	CELL PHONE	CELL PHONE _____	EMAIL _____	
	EMPLOYER	EMPLOYER _____		
	HOW DID IT HAPPEN ?	HOW DID IT HAPPEN ? _____		
	NATURE & EXTENT OF INJURY	NATURE & EXTENT OF INJURY _____		
	WHERE WAS INJURED TAKEN AFTER ACCIDENT?	WHERE WAS INJURED TAKEN AFTER ACCIDENT? _____		
PROPERTY DAMAGE	OWNER	OWNER _____		
	ADDRESS	ADDRESS _____		
	CELL PHONE	CELL PHONE _____	EMAIL _____	
	LIST DAMAGE.	LIST DAMAGE. _____		
			EST COST OF REPAIR* _____	
	Include invoice or estimate for damage you are claiming - Auto Insurance deductible: Comprehensive \$ _____ Collision \$ _____ Homeowners deductible: \$ _____ include insurance policy declaration sheet			
WITNESSES	NAME	NAME _____	NAME _____	
	ADDRESS	ADDRESS _____	ADDRESS _____	
	CELL PHONE	CELL PHONE _____	CELL PHONE _____	
BRIEF DESCRIPTION	_____			

SIGNATURE _____ **DATE** _____

RETURN THIS FORM TO:
CITY OF ERIE SOLICITOR'S OFFICE - 626 STATE STREET - RM 505 - ERIE, PENNSYLVANIA 16501-1150 (814) 870-1233 FAX (814) 455-9438