Auto Physical Damage/Auto Liability Claim Report

Date:_____ **Claim Contact:**_____

Member Name:_____ **Member Telephone #:** _____

Address:_____
Street **City** **State** **Zip**

Claim Contact Telephone #:_____ **Certificate #:**_____

Effective Date:_____ **Loss Location:**_____

Date of Loss:_____**Time of Loss:**_____

Accident Facts:_____

_____

Member Vehicle		Claimant Vehicle
_____	**Year/Make/Model**	_____
_____	**VIN#**	_____
_____	**Vehicle Location**	_____
_____	**Name of Driver**	_____
_____	**Driver License #**	_____
_____	**Lien Holder/Owner**	_____
_____	**Is Vehicle Drivable?**	_____

Location Code: ☐ **1-Administration** ☐ **2-Police** ☐ **3-Fire** ☐ **4-Parks/Recreation** ☐ **5-Water/Sewer** ☐ **6-Streets/Highways**

Was the Member's vehicle used with permission? _____ Yes _____ No

Accident Witnesses/Phone:_____

Police Department:_____ **Report #:**_____
Attach if Available

Claimant(s) Address, Telephone #, and Injuries:_____
_____
_____

Please submit two written estimates per damaged vehicle.

Mail to: *Public Entity Risk Services of Ohio*
6500 Taylor Road
Blacklick, OH 43004

Fax #: *614-729-6046*
Phone#: *614-729-1600*
E-mail: *dhenry@persopool.com*

Report Completed By:_____ **Telephone #:**_____