



## Accident or Claim Involving Member Vehicles

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Date:  
Member Name: Telephone #:  
Address:  
Claim Contact: Telephone #:  
Certificate #: Effective Date:  
Loss Location: Date & Time of Loss:  
Accident Facts:

### Vehicle Information

### Member Vehicle

### Claimant Vehicle if Applicable

Year/Make/Model

VIN #

Vehicle Location

Name of Driver

Driver License #

Lein 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 vehicle used with permission?

Accident witness(es) and phone number(s):

Police Department:

Report #:

Claimant(s) address, telephone and injuries:

Please submit two written estimates per vehicle and the police report, if available to:

Public Entity Risk Services of Ohio (PERSO)

6500 Taylor Road

Blacklick, OH 43004

Phone: 866.907.3776 or 614.729.1600

Fax: 614.729.6046

Report completed by:

Telephone #:

Email Address: