

## NOTICE OF CLAIM FORM

**ERIE COUNTY WATER AUTHORITY  
295 MAIN STREET – ROOM 350  
BUFFALO, NEW YORK 14203-2494  
(716) 849-8465**

Claimant(s) Name	TRAVELERS PERSONAL INS CO A/S/O SANDRA GAGLIONE		
Address	PO BOX 5076 HARTFORD, CT 06102	Cell Phone #	
Email Address	ANPEREIR@TRAVELERS.COM	Home Phone #	

Accident / Damage / Injury Location	VEHICLE DAMAGE TO OUR INSURED'S 2024 TOYOTA SIENNA		
Date of Incident	2/19/2026	Time of Incident	4:46 PM a.m. / p.m.
Police Contacted?	<input checked="" type="radio"/> Yes / No	Police Report Taken?	<input checked="" type="radio"/> Yes / No
Name of Police Agency	Village of Hamburg Police Dept		

**PROPERTY DAMAGE CLAIMS ONLY**

N/A if not applicable

If this is not your property, give the name and address of the owner:

Name	Sandra Gaglione		
Address	8 Chapel Glen Dr. Hamburg, NY	Zip Code	14075
Home Phone #	[REDACTED]	Work Phone #	

**PLEASE ATTACH ESTIMATES**

Repair Estimates	\$ 1,860.80 (Initial)	\$
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**PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES**

Name		Name	
Address		Address	
Phone		Phone	

Attach copies of Medical bills once submitted to health insurance or automobile insurance.

**ONLY PROVIDE COPIES OF THE MEDICAL BILLS. DO NOT PROVIDE MEDICAL RECORDS WITH THIS CLAIM FORM.**

**Claimant's Statement (please print legibly and be specific):**

Mr Insured Ms Sandra Gaglione was making a right hand turn onto Dreschler Court ECWA had a key sticking out of the water valve in the roadway with no markings or warning signs of the obstruction Ms Gaglione ran over the key, causing damage to her 2024 Toyota Sienna Ms Gaglione submitted a claim to us, her insurance carrier, and we have written and paid out the initial estimate of repairs

[Lined area for additional text]

All statements herein are made under penalty of perjury.

Add Additional Pages if necessary

Date: April 15<sup>th</sup> 2026

[Signature]  
Claimant's Signature

STATE OF NEW YORK  
COUNTY OF ERIE [Signature] ss:

On this 15<sup>th</sup> day of April, 2026 before me, personally appeared, C. Sousa personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



JoAnne M Cody  
NOTARY PUBLIC  
Commonwealth of Massachusetts  
My Commission Expires  
July 10, 2031

[Signature]  
Notary Public



TRAVELERS PERSONAL INSURANCE COMPANY  
P.O. Box 5076  
Hartford, CT 06102-5076

05/11/2026

**Erie County Water Authority**  
**295 Main St. 350**  
**Buffalo NY 14203**

**Our Insured:** Sandra Gaglione  
**Our Claim Number:** [REDACTED]  
**Your Insured:** Erie County Water Authority  
**Your Claim Number:** TBD  
**Date of Loss:** 02/19/2026

Dear Erie County Water Authority,

I am writing to notify you that, due to short a rent supplement Traveler Person I Co addition payment beha of San a Gaglio . e additio l payme samo t to \$1,537 T s bri s eto l amo tp d rdama s rela d ot scl m o \$3,398. . l h e enclo d documentat n outlin g e additio l payments.

Please check name amount of \$3,398 of Traveler Personal Insurance Company. Please refer to claim number [REDACTED] on your check, make it payable to check to:

Travelers Claims Hartford  
PO Box 660339  
Dallas, TX 75266-033

any future correspondence over any payments should be directed to:

Travelers Personal Insurance Company

P.O. Box 5076  
Hartford, CT 06102-5076

Thank you for your consideration in this matter. If you have any questions, please contact me at the telephone number or mail address listed below.

Sincerely

Alejo Pereira  
Claims Professional  
Direct: (508)324-8339  
Office: (800)925-7693 Ext. 5083248339  
Fax: (866)304-7031  
Email: ANPEREIR@travelers.com

Travelers Subrogation Services