

City of Westfield Incident Report

Complete in full and return ASAP to:

People's United Insurance Agency
Attn: Peter Clark
Fax: 413-781-6899
Email: peter.clark@peoples.com

Accident Information

Date: _____ Time: _____

Authority Contacted: _____

Place: _____

Property Damage: _____

Vehicle Information

Vehicle # 1

Year – Make – Model: _____

Vehicle ID Number: _____ Plate # _____

Driver: _____

Driver License Number: _____

Department: _____

Date of Birth: _____

Describe Damage: _____

Estimated Amount: _____

How did the Accident occur: _____

Driver's Signature: _____

Vehicle # 2

Owner's Name & Address: _____

Tel # _____

Driver's Name & Address: _____

Tel # _____

Year -Make - Model: _____

Vehicle ID Number: _____ Plate # _____

Driver License Co.: _____ Date of Birth _____

Name of Insurance Co.: _____

Address of Insurance Co.: _____

Describe Damage: _____

Damage Estimate: _____

Injuries

Name & Address: _____

Name & Address: _____

Extent of Injury: _____

Witness (es) Name & Address: _____

Property Damage

Owner's Name & Address: _____

Tel # _____

Type of Property: _____

Insurance Co. Name & Address: _____

Describe Damage: _____
