

OUR VEHICLE OTHER VEHICLE

Direction of Travel _____
Approximate Speed _____
Movement (forward/backward) _____
Seatbelts Used? _____
Weather _____
Light Conditions _____
Street Paving (kind) _____
Condition of Street _____
Street Width in Feet _____ Grade _____



WESTFIELD
INSURANCE

Sharing Knowledge. Building Trust.®

Driver's Accident Report

If you have been involved in an auto accident:

1. Secure the scene to ensure you and others are safe.
2. Send for appropriate emergency services.
3. Notify police.
4. Contact your office or dispatch to report the claim. In an emergency or after hours, call Westfield at 800.443.3311.
5. Complete this Accident Report.
6. Do not admit guilt or sign papers unless speaking with police, your employer or Westfield.

Date _____ Time _____ a.m. p.m.

Location _____

Truck/Tractor or
Vehicle No. _____ License No. _____

Trailer No. _____ License No. _____

Extent of Injuries (our driver) _____

Description of Damage (our vehicle) _____

Witnesses

This is very important. Get as many as possible!

1. Name _____

Street and No. _____

City _____ State _____

Phone _____

2. Name _____

Street and No. _____

City _____ State _____

Phone _____

3. Name _____

Street and No. _____

City _____ State _____

Phone _____

4. Name _____

Street and No. _____

City _____ State _____

Phone _____

OTHER VEHICLE

Make _____ Year _____ Model _____

License Plate No. _____ State _____

Operator's Name _____

Operator's License No. _____ State _____

Operator's Address _____

Operator's Phone _____

Owner's Name _____

Owner's Address _____

Owner's Phone _____

Insurance Co. _____

Policy No. _____

Names and Addresses of Passengers of Other Vehicle

Names and Addresses of Injured Persons



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