

	<p align="center"><b>WESTPORT POLICE DEPARTMENT</b>  50 Jesup Road Westport, CT 06880  203-341-6000</p>	<p align="center">FORM #   <b>PD-29</b>  REV 2-17</p>
	<p>Form Title</p> <p align="center"><b>LATE MOTOR VEHICLE ACCIDENT REPORT</b></p>	

If you were involved in a motor vehicle accident in the Town of Westport (not including I-95 and Rte 15) and failed to report the accident to the police when it occurred you can complete this form and bring it to the Westport Police Department to file the report. We do not investigate accidents that were not reported to us at the time they occurred but we will give you a file number for your insurance company.

No enforcement action is taken on late reported accidents. The form is available to allow reporting of an accident for insurance company documentation purposes.

Please use black ink and print clearly and legibly. Upon completion of the form it must be sworn to and subscribed before a police officer, at which time a file number will be assigned to it. The completed form will be kept on file with the Records Division, and a copy of the completed form can be obtained there.

If you wish to provide a narrative of the accident events, a traffic statement may be completed and turned in with the form.

 "To Protect and Serve"	<b>WESTPORT POLICE DEPARTMENT</b> 50 Jesup Road Westport, CT 06880 203-341-6000	FORM # <b>PD-29</b> REV 2-17
	Form Title <b>LATE MOTOR VEHICLE ACCIDENT REPORT</b>	

Officer Receiving Report:	File #:
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**THIS ACCIDENT WAS NOT INVESTIGATED BY THE WESTPORT POLICE DEPARTMENT**

DATE REPORTED / /	TIME REPORTED _____ AM _____ PM	PERSON REPORTING INCIDENT LAST NAME, FIRST NAME, MI	
DATE OF ACCIDENT / /	TIME OF ACCIDENT _____ AM _____ PM	ACCIDENT OCCURRED ON (Street Name or Route #)	AT ITS INTERSECTION WITH (Street Name or Route #)
IF NOT AT INTERSECTION _____ FEET (Approx. Distance)		Circle One: North South East West	NAME OF NEAREST INTERSECTING STREET

**VEHICLE #1: PERSON MAKING REPORT**

OPERATOR #1 (Last, First, Middle Initial)		
ADDRESS (Street Number & Name)		
CITY OR TOWN	STATE	ZIP CODE
OPERATOR LICENSE #	STATE	DATE OF BIRTH MONTH DAY YEAR / /
OWNER'S NAME (Enter SAME If Owner is Operator)		
ADDRESS (Street Number & Name)		
CITY OR TOWN	STATE	ZIP CODE
REGISTRATION PLATE #	STATE	VEHICLE BODY TYPE
VEHICLE YEAR, MAKE & MODEL		
VEHICLE IDENTIFICATION NUMBER		
AUTOMOBILE INSURANCE COMPANY NAME		
AUTOMOBILE INSURANCE POLICY NUMBER		
PARTS OF VEHICLE DAMAGED		
PASSENGER #1 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR / /	
ADDRESS (Street Number & Name)	CITY/TOWN	STATE
PASSENGER #2 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR / /	
ADDRESS (Street Number & Name)	CITY/TOWN	STATE
PASSENGER #3 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR / /	
ADDRESS (Street Number & Name)	CITY/TOWN	STATE

**VEHICLE #2: OTHER INVOLVED VEHICLE**

OPERATOR #2 (Last, First, Middle Initial)		
ADDRESS (Street Number & Name)		
CITY OR TOWN	STATE	ZIP CODE
OPERATOR LICENSE #	STATE	DATE OF BIRTH MONTH DAY YEAR / /
OWNER'S NAME (Enter SAME If Owner is Operator)		
ADDRESS (Street Number & Name)		
CITY OR TOWN	STATE	ZIP CODE
REGISTRATION PLATE #	STATE	VEHICLE BODY TYPE
VEHICLE YEAR, MAKE & MODEL		
VEHICLE IDENTIFICATION NUMBER		
AUTOMOBILE INSURANCE COMPANY NAME		
AUTOMOBILE INSURANCE POLICY NUMBER		
PARTS OF VEHICLE DAMAGED		
PASSENGER #1 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR / /	
ADDRESS (Street Number & Name)	CITY/TOWN	STATE
PASSENGER #2 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR / /	
ADDRESS (Street Number & Name)	CITY/TOWN	STATE
PASSENGER #3 NAME (Last, First, Middle Initial)	DATE OF BIRTH MONTH DAY YEAR / /	
ADDRESS (Street Number & Name)	CITY/TOWN	STATE

I, the above named person reporting this incident, hereby attest that the information provided above is true and correct, I understand that pursuant to C.G.S. 53a-157 false statements are punishable by law.

\_\_\_\_\_  
SIGNATURE OF PERSON REPORTING INCIDENT

Sworn to and subscribed before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/POLICE OFFICER

**This Incident was not investigated at scene and is being reported for insurance purposes only.**