

Driver Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

Accident Location: _____

Date & Time: _____

About You:

Driver's Name _____

Street Address _____

City & State _____

Home Phone _____ Work Phone _____ DOB _____ Sex M F

Injured? Yes No Nature of Injury _____

Driver's License Number & State _____ E-mail _____

Owner's Name (if other than driver) _____

Street Address _____

City & State _____

Home Phone _____ Work Phone _____ DOB _____ Sex M F

Injured? Yes No Nature of Injury _____

Driver's License Number & State _____ E-mail _____

About your vehicle:

Year _____ Make _____ Model _____

Vehicle ID Number _____

License & State _____

Insurance Company Name _____

Policy # _____ Telephone # _____

Is Vehicle Drivable? Yes No

Describe Damage to Your Vehicle: _____

About the passengers or pedestrians:

Name	Date of Birth	Sex: M/F	If injured, indicate nature of injury	Home phone **** Work phone	Address

Witness Information

You should give these cards to witnesses to fill out and return to you. Remember: a witness is someone that saw the accident, but was not involved in it.

Witness Information Card

*Your cooperation in giving this information will help us to be fair to everyone involved.
Thank you.*

Accident Location _____

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

Did you see the accident happen? ___ Yes ___ No

Did you see anyone hurt? ___ Yes ___ No

Were you riding in one of the vehicles? ___ Yes ___ No

Were you a pedestrian involved in the accident? ___ Yes ___ No

Your Name _____

Street Address _____

City & State _____ Zip code _____

Telephone: Home _____ Work _____ E-mail _____

Witness Information Card

*Your cooperation in giving this information will help us to be fair to everyone involved.
Thank you.*

Accident Location _____

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

Did you see the accident happen? ___ Yes ___ No

Did you see anyone hurt? ___ Yes ___ No

Were you riding in one of the vehicles? ___ Yes ___ No

Were you a pedestrian involved in the accident? ___ Yes ___ No

Your Name _____

Street Address _____

City & State _____ Zip code _____

Telephone: Home _____ Work _____ E-mail _____

Accident Details

Keeping accurate records regarding the incident is important. You may want to take a few minutes to complete this form while the details are still fresh. This information can be used when reporting your loss or recalling the facts later.

Who was in my car at the time of the accident?

Make sure you have this information for all passengers:

Name	Date of Birth	Sex: M/F	If injured, indicate nature of injury	Home phone **** Work phone

Report to authorities:

Was a police report made? Yes No

If yes, how? At scene At Station Mailed

Report number _____ Name of police department _____

Was a ticket issued? _____ If yes, to whom? _____

Conditions at the time of the accident:

Road conditions _____ Weather conditions _____

Damage to my car:

License plate # and state of the car I was driving: _____

Vehicle Mileage _____ Is the vehicle driveable? Yes No

Area and extent of damage to my vehicle:

Use the space below to diagram what happened. Use arrow to indicate North.

(need diagrams here)