

ACCIDENTS HAPPEN: Exchange Information Accordingly

Should an accident occur, every person should fill out this form and give it to the other driver involved.

Date: _____

Time of accident: _____ **AM / PM** (circle one)

Location: (street names, town, intersection description, etc.)

Driver's Name: _____

Driver's Address: _____

Driver's Primary Phone Number: _____ - _____ - _____

Driver's Secondary Phone Number (if applicable): _____ - _____ - _____

Driver's License Number: _____

In what state was the license issued? _____ **What type of license is it?** _____

Were there passengers in the above driver's vehicle? _____

Name/Age/ Address of Passenger#1:

Name/Age/ Address of Passenger #2:

Name/Age/ Address of Passenger #3:

Name/Age/ Address of Passenger #4:

My car is a _____ (year, ex. 2007) _____ (make, ex: Honda)

My license plate number is _____

My insurance company is named: _____

Is anyone injured in my vehicle? How so?

Are there any witnesses? (note the names and telephone numbers of witnesses, if any)

Any other relevant information for the other driver?

