

# 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?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_