

Exchange Information

The Other Driver and Their Vehicle Information:

Other Driver's name: _____

Other Driver's License number: _____

Street Address: _____

City: _____ State: _____

Vehicle License Number: _____

VIN number (located on the windshield of the vehicle): _____

Make and type of vehicle: _____

Year: _____

Car Insurance Co.: _____

Agent: _____

Agent's Phone #: _____

Policy No.: _____

Any verbal statement made by other driver as to cause of accident:

NAMES AND ADDRESSES OF WITNESSES TO ANY FACT REGARDING THE ACCIDENT:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

NAMES AND ADDRESS OF ALL PASSENGERS IN THE OTHER INVOLVED VEHICLE

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____



Accident Facts:

Date: _____ Time: _____

City: _____

Street: _____

Condition of Road: _____

Weather: _____

What direction were you going? _____

Speed: _____ Did police take report? _____

Responding police department? _____

Case Number? _____

How did it happen? _____

Make a Sketch of the Accident

- ◆ Show and number the vehicles, noting their direction of travel by arrow, using a solid line to show path before the accident _____ and a dotted line for after the accident _____
- ◆ Designate pedestrians by marking an X as to their position.
- ◆ Note any visibility obstructions.
- ◆ Identify any landmarks, showing location/distance.
- ◆ Indicate the direction in which the cars were driving according to the diagram below.

