

INFORMATION EXCHANGE

Use this card to obtain key information from the other driver involved.

| | | | | |
|--------------------------------|--------------------|---------------|----------------|----------|
| NAME | | TELEPHONE NO. | | |
| ADDRESS | STREET | CITY | STATE | ZIP CODE |
| NAME OF YOUR INSURANCE COMPANY | | | | |
| YEAR AND MAKE OF VEHICLE | ARE YOU THE OWNER? | | LICENSE NUMBER | |
| INJURED PASSENGERS | | ADDRESSES | | |
| | | | | |
| WITNESSES | | ADDRESSES | | |
| | | | | |

Use Reverse Side If Necessary

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