## INFORMATION EXCHANGE

NAMI*	*.	TELEPHONE NO	
ADDRESS STREET	CITY	STATE	ZIP CODE
NAME OF YOUR INSURANCE COMPAN	47.		
YEAR AND MAKE OF VEHICLE	ARE YOUR THE OWNER?		LICENSE NUMBER
INIURED PASSENGERS	Λ.	DDRESSES	
WITNESSES	,	MDDRESSES	

Use Reverse Side If Necessary

## INFORMATION EXCHANGE

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

NAME		TELEPHONE NO.	
ADDRESS STREET	CHZ.	STATE	ZIP CODE
NAME OF YOUR INSURANCE COMPANY			
YEAR AND MAKE OF VEHICLE.	ARE YOUR THE OWNER?		LICENSE NUMBER
INIURED PASSENGERS	Α	ADDRESSES	
WITNESSES		ADDRESSES	

Use Reverse Side If Necessary

## INFORMATION EXCHANGE

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

NAME ADDRESS STREET		TELEPHONE NO.			
		CITY ST		TATE ZIP CODE	
NAME OF YOUR	UNSURANCE COMPAN	NY .			
YEAR AND MAK	E OF VEHICLE	ARE YOUR THE OWNER?		LICENSE NUMBER	
INIURED PASSE	NGERS	ADDRESSES			
		8			
WITNESSES	ADDRESSES:				

Use Reverse Side If Necessary

## INFORMATION EXCHANGE

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

NAME		TELEPHONE NO.	
ADDRESS STREET	CHY	STATE	ZIP CODE
NAME OF YOUR INSURANCE COMPAN	Y		
YEAR AND MAKE OF VEHICLE	ARE YOUR THE OWNER?		LICENSE NUMBER
INJURED PASSENGERS	ADDRESSES		
WTINESSES		ADDRESSES.	

Use Reverse Side If Necessary