

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:		

BG0067 04-83

Use Reverse Side If Necessary

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