

Motor Vehicle Information Exchange Document

Driver (1): _____ Address: _____
Owner (1): _____ Address: _____
Vehicle Reg# (Plate) _____ State: _____ Make/Model _____
Drivers License# _____ State _____ Driver DOB _____/_____/_____
Insurance Carrier _____ Code _____ Policy # _____
Accident Location _____ DOT Marker Info _____
Date/Time of Accident: _____ Number of Vehicles Involved: _____
Investigating Officer(s) _____ ID#'s _____
Witness/Accident/Photo Info: _____

In Case of Emergency

On Scene Reminders: 1- Do Not Leave Scene 2 - Activate Emergency Flashers/Flares 3 - Contact Police/911 for Medical Assistance - Render 1st Aid 4 - Safely move vehicle(s) out of moving traffic to roadside/median if possible 5 - Exchange Operator/Owner Info with other motorists involved if safe to do so. Use back to record more info ≥

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