

ACCIDENT INFORMATION EXCHANGE CHECKLIST

Other Driver Information:

Name: _____

Drivers License Number: _____

Address: _____

State: _____

Phone: _____

Date of Birth: _____

Insurance Co. Name: _____

Policy No. _____

License Plate No.: _____ State: _____

Vehicle Make: _____

Vehicle Year: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle VIN: _____

Vehicle Owner Name: _____
(If different than driver)

Notes:

Owners Address: _____

Passenger Information (other Vehicle):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Witness Information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

REMEMBER:

Accidents must be reported to DMV when: 1) a driver's vehicle has greater than \$1500 in damage; 2) there is bodily injury or death; 3) any vehicle is towed from the scene of the accident due to damages resulting from the accident and damage to any vehicle involved in the accident is greater than \$1500; 4) there is property damage, other than a vehicle, greater than \$1500.

Print and Keep In Your Vehicle

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