

DRIVER EXCHANGE OF INFORMATION

Driver Exchange of Information Form

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Driver Exchange of Information

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF FLORIDA HIGHWAY PATROL

This form has been designed to assist all parties involved in making an incident report to their insurance company.

DRIVER 1

Name _____
Address _____
City _____ State _____ Zip _____
Business Phone (____) _____ Home Phone (____) _____
Driver License No. and State _____
Vehicle Owner
Name _____
Address _____
City _____ State _____ Zip _____
Business Phone (____) _____ Home Phone (____) _____
Year and Make of Automobile _____ Tag No. and State _____
Insurance Company _____ Policy No. _____

DRIVER 2

Name _____
Address _____
City _____ State _____ Zip _____
Business Phone (____) _____ Home Phone (____) _____
Driver License No. and State _____
Vehicle Owner

Name _____
Address _____
City _____ State _____ Zip _____
Business Phone (____) _____ Home Phone (____) _____
Year and Make of Automobile _____ Tag No. and State _____
Insurance Company _____ Policy No. _____

ACCIDENT INFORMATION

Location of Accident _____ City/State _____
Street _____
Time _____ Date _____

WITNESS INFORMATION

Name and Address _____

Name and Address _____

Name and Address _____

INVESTIGATING OFFICER

Name: _____
Badge # and Department: _____

Was a Florida Traffic Accident Report completed by the Investigating Officer? Yes No

Was a traffic citation issued by the Investigating Officer? Yes No

Remarks (Optional)