

COLLISION INFORMATION EXCHANGE GUIDE



Other Vehicles:

Driver's Name / Phone _____
Address _____
City / Province _____
Drivers Licence Number _____
Vehicle Year / Make / Model _____
Licence Plate / Province _____
Insurance Company _____
Agent / Phone Number _____
Police Number _____
Location of Damage on Vehicle _____

Witnesses:

Name / Phone _____
Address _____
City / Province _____

Name / Phone _____
Address _____
City / Province _____

COLLISION SPECIFICS



Time / Date _____
Location _____
Describe What Happened _____

Attending Police Service / Badge # _____
Were Charges Laid? _____

