

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 Street _____ City/State _____
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)