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*Please Reply To
Sacramento Office*

EXCHANGE OF INFORMATION FORM

Date: _____ Time: _____

Place: _____

Name of Adverse Driver: _____ Driver's License No. _____

Address: _____

Phone Number: _____ Alt Phone: _____

Adverse Driver's Vehicle:

Year ____ Make _____ Model _____ Color _____ VIN: _____

Adverse Driver's Insurance:

Company Name: _____ Company Address: _____

Policy Number: _____ Policy Limits: _____ Type of

Collision: Rear End T-Bone Head-On Side Swipe

Photos taken: Yes No

Police/CHP called: Yes No

Traffic Collision Report made: Yes No Report Number: _____