PRINCE WILLIAM COUNTY POLICE DEPARTMENT

DRIVER INFORMATION EXCHANGE FORM

The purpose of this information is to provide the parties involved in a motor vehicle crash a convenient means to exchange pertinent information. Please complete this form with information about yourself and the vehicle you were driving. When this form is complete, it should be exchanged with the other involved parties.

LOCATION OF ACCIDENT			DATE		TIME
DRIVER	DRIVER'S NAME		ADDRESS (COMPLETE)		
	DRIVER'S LICENSE NO.		TYPE OF LICENSE (CIRCLE) DRIVER COMMERICAL LEARNER	STATE	YEARS DRIVING
	DRIVER'S TELEPHONE NO. HOME:		WORK:		
	VEHICLE MAKE	YEAR	MODEL	VEHICLE LICENSE NO.	TAGS (STATE/YR)
VEHICLE	OWNER'S NAME		ADDRESS (COMPLETE)		
	OWNER'S TELEPHONE NUMBER HOME: WORK:			INSURANCE POLICY NUMBER	
	LIABILITY INSURANCE COMPANY **(NOT AGENT)**			INSURANCE CO PHONE NUMBER	

PD FORM NO 13 ((REV. 3/05)