Driver Information Exchange Form Provided By: **GEORGIA INSURANCE INFORMATION SERVICE**
Print and keep 2 copies in your vehicle

In coordination with the
GEORGIA INSURANCE DEPARTMENT
Ralph Hudgens, Commissioner

Consumer Help Line (404) 656-2070

VEHICLE INFORMATION

Vehicle owner _____
Address _____
City _____State____Zip_____

Phone _____
Year _____Make _____Model_____
License Plate No. _____
Color of Vehicle _____
Damage to Vehicle Description_____
_____
_____
_____
_____

WITNESS INFORMATION

Name _____
Address_____
City_____State____Zip_____
Phone (H) _____
(W) _____

DRIVER INFORMATION

Name _____
Address_____
City_____State____Zip_____
Phone (H) _____
(W) _____

Drivers License #_____St._____
Are you injured? _____
Agent name_____
Insurance Co. _____
Policy # _____

PASSENGER INFORMATION

#1 Name _____
Address _____
City _____State____Zip_____
Phone (H) _____
(W) _____

#2 Name _____
Address _____
City _____State____Zip_____
Phone (H) _____
(W) _____

#3 Name _____
Address _____
City _____State____Zip_____
Phone (H) _____
(W) _____

#4 Name _____
Address _____
City _____State____Zip_____
Phone (H) _____
(W) _____

OTHER INFORMATION: _____
_____
_____
_____
_____