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**KEEP IN YOUR VEHICLE WITH YOUR INSURANCE PAPERS TO COMPLETE
IN CASE OF MOTOR VEHICLE COLLISION**

Your Name:

Your Tel #:

Other Driver's Name:

Other Driver's License #:

Other Vehicle Owner – if NOT driver name:

Other Vehicle Insurance Company Name and Policy #:

Other Vehicle Make:

License Plate:

Year:

Witness Name & Phone # 1:

Witness Name & Phone # 2:

Passenger in your vehicle Name & Phone # 1:

Passenger in your vehicle Name & Phone # 2:

Passenger in your vehicle Name & Phone # 3:

Police Officer's Name:

Badge #:

Station:

Carpe Diem