Information Exchange Form

Use this form to collect and record information from all parties at the scene of an accident or incident. Keep a copy in every company vehicle and at each work location. Complete as thoroughly as possible while still at the scene.

1 Incident Details

Date of Incident: **Time of Incident:** **Day of Week:**

Incident Location (Street Address / Intersection / Mile Marker):

City: **State:** **ZIP Code:**

Weather Conditions: **Road / Surface Conditions:**

Light Conditions (daylight / dusk / dark / dawn): **Speed Limit at Location:**

Type of Incident (check all that apply):

- ■ Vehicle collision
- ■ Vehicle vs. pedestrian
- ■ Vehicle vs. property
- ■ Workplace injury
- ■ Slip / trip / fall
- ■ Equipment / machinery
- ■ Fire / explosion
- ■ Theft / vandalism
- ■ Other: _____

2 Your Information (Form Completed By)

Personal / Employee Details

Full Name: **Date of Birth:**

Phone Number: **Email Address:**

Home Address (Street, City, State, ZIP):

Employer / Company Name: | Job Title / Position:

Driver / Vehicle Details (if applicable)

Driver License #: | State: | Expiration Date:

Vehicle Year: | Make: | Model: | Color:

License Plate # / State: | VIN (if available):

Your Insurance Details

Insurance Company: | Policy Number:

Agent / Broker Name: | Agent / Broker Phone:

Claim Number (if already filed):

3 Other Party #1

Driver / Individual Details

Full Name: | Date of Birth:

Phone Number: | Email Address:

Home Address (Street, City, State, ZIP):

Driver License #: | State: | Expiration Date:

Vehicle Details

Vehicle Year: Make: Model: Color:

License Plate # / State: VIN (if available):

Registered Owner (if different from driver):

Insurance Details

Insurance Company: Policy Number:

Agent / Broker Name: Agent / Broker Phone:

Description of Damage to Their Vehicle / Property:

Description of Injuries (if any):

4 Other Party #2 (if applicable)

Driver / Individual Details

Full Name: Phone Number:

Home Address (Street, City, State, ZIP):

Driver License #: State: Expiration Date:

Vehicle Details

Vehicle Year: Make: Model: Color:

License Plate # / State: | VIN (if available):

Registered Owner (if different from driver):

Insurance Details

Insurance Company: | Policy Number:

Agent / Broker Name: | Agent / Broker Phone:

Description of Damage to Their Vehicle / Property:

Description of Injuries (if any):

5 Passenger Information

Record information for any passengers in **your** vehicle or the other party's vehicle(s).

Passenger 1 Name:	Phone:	In Which Vehicle:	Injuries (Y/N):
Passenger 2 Name:	Phone:	In Which Vehicle:	Injuries (Y/N):
Passenger 3 Name:	Phone:	In Which Vehicle:	Injuries (Y/N):
Passenger 4 Name:	Phone:	In Which Vehicle:	Injuries (Y/N):

6 Witness Information

Identify every witness at the scene — bystanders, other motorists, and nearby business employees. Witnesses often leave before authorities arrive, so collect this early.

Witness 1

Name: **Phone:** **Email:**

What did they observe?:

Witness 2

Name: **Phone:** **Email:**

What did they observe?:

Witness 3

Name: **Phone:** **Email:**

What did they observe?:

7 Police / Authority Information

- ☐ Police / fire / EMS were called and responded to the scene
- ☐ A police report was filed
- ☐ Citations or violations were issued

Responding Agency / Department: **Officer Name / Badge #:**

Report / Case Number: **Date Report Will Be Available:**

Citations Issued (to whom and for what violation):

EMS / Ambulance Company (if applicable):

Hospital / Medical Facility Name (if anyone was transported):

8 Scene Diagram

Sketch the scene below. Show the positions and directions of travel for all vehicles, the point of impact, lane markings, traffic signals or signs, and any relevant landmarks.

Use this space to sketch the scene: positions of vehicles, direction of travel, lane markings, traffic signals, and point of impact.

Include a compass direction (N/S/E/W) and label each vehicle (V1, V2, etc.).

9 Description of Incident

Describe what happened in your own words. Include what you were doing before the incident, what you saw and heard, the sequence of events, and what happened immediately after. Be factual — do not speculate or assign blame.

! DO NOT ADMIT FAULT

Never say "I'm sorry" or "It was my fault." Exchange information cooperatively, but do not admit liability, speculate about causes, or sign any documents other than a police report. Let the investigation determine fault.

10 Photo Documentation Checklist

i PHOTOGRAPH BEFORE ANYTHING MOVES

Take photos BEFORE vehicles are moved or debris is cleaned up. Use your phone's timestamp feature. You cannot re-photograph the scene later.

- ■ Wide-angle overview from all four directions (N, S, E, W)
- ■ All vehicle damage — close-up and from 10 feet away
- ■ License plates of all vehicles involved
- ■ Skid marks, debris, and fluid spills on the roadway
- ■ Traffic signals, signs, lane markings, and intersection layout
- ■ Property damage to buildings, fencing, or structures
- ■ Injuries (with the person's consent)
- ■ Nearby security cameras and business signage
- ■ Weather and visibility conditions (a horizon shot helps)
- ■ Screenshots of dash cam or telematics data

11 Reporting Reminders

After leaving the scene, complete these steps as soon as possible:

- ☐ **Notify your supervisor / manager** immediately
- ☐ **Contact your insurance broker** within 24 hours to report the incident
- ☐ **File a police report** if one was not taken at the scene (check local requirements)
- ☐ **Seek medical attention** if you or any employee was injured, even if symptoms seem minor
- ☐ **Preserve all evidence** — do not repair vehicles or discard damaged items until directed
- ☐ **Obtain the police report** when available and forward to your broker
- ☐ **Do not discuss fault** with anyone other than police, your attorney, or your insurance company

✓ REPORT PROMPTLY TO PROTECT YOUR CLAIM

Late reporting is one of the most common reasons insurance claims are reduced or denied. Contact First Underwriters at (425) 242-5357 within 24 hours of any incident. We will help guide you through the claims process.

Form Completed By (Print Name): _____ **Title / Position:** _____

Signature: _____ **Date:** _____

Supervisor / Manager Signature: _____ **Date:** _____

EMERGENCY & REPORTING CONTACTS

Emergency Services 911	**First Underwriters Insurance** (425) 242-5357 www.firstunderwriters.com	**Company Safety Director** Name: _____ Phone: _____

This form is provided as a generic courtesy document by First Underwriters Insurance Brokers. It does not constitute legal advice. Consult with legal counsel regarding your specific obligations. Keep completed forms on file for a minimum of 6 years per Washington State retention guidelines.