



Paul Farber Chief of Police 109 E. Grove Street Rantoul, IL 61866 Phone 217.893.0988 Fax 217.893.9556

Information exchange is required by law for all traffic accidents. The purpose of this information is to provide the parties involved in a private property motor vehicle accident a convenient means to exchange pertinent information.

- Please complete this form with information about the **OTHER DRIVER** and the **OTHER** vehicle involved in the crash.
- You should make sure that the other involved driver(s) complete a form for your information. This self-reporting form is a service provided to persons involved in non-injury private property crashes.
- This form is for you to retain, and it will **NOT** be kept on file at the Rantoul Police Department.
- This form is to aid you in documenting the **OTHER** driver's information. Do not write your information on this form.
- To ensure legibility, it is recommended that each driver uses a form to print the other driver's information.
- You may use the notes section of this form to explain the events of the collision.
- You may use the back of this form if you wish to draw a diagram of the crash, or to indicate further information for your own records.

It is your responsibility to provide your insurance company with the information that you receive.

PRIVATE PROPERTY CRASH INFORMATION FORM							
LOCATION OF CRASH				DATE OF CRASH	TIN	IE .	A.M. / P.M.
0	D	DRIVER'S FULL NAME		ADDRESS (COMPLETE) CITY, STATE & ZIP CODE			
H	R I V	DRIVER'S LICENSE NO.		TYPE OF LICENSE (CIRCLE ONE OF THE FOLLOWING) DRIVER COMMERICAL PERMIT OTHER DRIVER'S WORK TELEPHONE NUMBER:			
E R	E R	OTHER DRIVER'S TELEPHONE NUMBER					
		VEHICLE MAKE	VEHICLE YEAR	MODEL	VEHICLE LICENSE N	O. & STATE	VEHICLE STYLE & COLOR
0	V E	OWNER'S FULL NAME		ADDRESS (COMPLETE)			
T	н	OWNER'S TELEPHONE NUMBER		CITY, STATE & ZIP CODE			
H	ı			INSURANCE POLICY NUMBER POLICY PE		RIOD	
E R	C L E	HOME: WOR! LIABILITY INSURANCE COMPANY (NO		INSURANCE CO PHONE NUMBER			
Notes:							_