



Driver Information Exchange Report

Des Moines Police Department
(123) 456-7890

U N I T 001	Driver's Name - Last WILLIAMS		First GREGORY		Middle L		Suffix	Date of Birth 03/15/1955	
	Address 501 MAIN STREET				City ASHVILLE		State IA	Zip 50345	Phone (410) 555-1212 x
	Gender Male	Driver's License Number 123456789012345678	Class C	State IA	Endorsements NONE	Restrictions NONE	Insurance Co. Name STATE FARM MUTUAL		Insurance Co. Phone # (410) 555-1212 x
	Owner Company Name						Insurance Policy # TT543DF444TG77777777		
	Owner's Name - Last FRANKS		First DEVON		Middle H		Suffix 1ST		
	Address 220 HILLVIEW AVENUE				City ASHVILLE		State IA	Zip 50344-	
	VIN No. 12345678901234567890	Year 2004	Make ACRA	Model INTEGA		Style SEDAN		Vehicle Configuration 01	
	License Plate # 9955UJ88		State IA	Year 2004	Most Damaged Area 01 - Front			Approximate Cost to Repair or Replace \$5,500.00	
P R O P E R T Y	If Property other than vehicles damaged explain	Object Damaged GAURDRAIL				Estimate of Damage \$10,000.00		Was Owner or Tenant Notified? Yes	
	Owner's Name - Last FRANKS		First DEVON		Middle H		Suffix 1ST	Company Owner's Name	
	Street or RFD 220 HILLVIEW AVENUE				City ASHVILLE		State IA	Zip Code 50344	
County Polk - 77		Accident occurred within corporate limits of (city) Des Moines - 1945							
Literal Description "N/A"									
X-Coordinate "N/A"					Y-Coordinate "N/A"				
If accident occurred outside of city limits show general vicinity: "N/A"		Direction "N/A"	of	Nearest City "N/A"			Route (Cardinal) Travel Direction NB		
On Road, Street, or Highway: 312					At Intersection with: 41				
Distance "N/A"	Direction "N/A"	and	Distance "N/A"	Direction "N/A"	of	Milepost Number "N/A" Or			
Definable intersection, bridge, or railroad crossing "N/A"									
Officer Admin, System			Badge No. SysAdmin	Law Enforcement Case Number 9012FEIY7892		Date of Accident 10/27/2004		Time of Accident 13:07 Hrs.	