

**VILLAGE OF MCCONNELSVILLE
9 WEST MAIN STREET
MCCONNELSVILLE, OHIO 43756
(740)962-3163**

EXCHANGE OF IDENTIFICATION INFORMATION

Provided as a courtesy by the McConnelssville Police Division in order to provide identification to other driver(s) involved in this accident.

Driver's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Soc. Sec. # _____ Phone: _____
Owner's name: Village of McConnelssville
Address: 9 West Main Street
City: McConnelssville State: Ohio Zip: 43756
License (State) _____ Year _____ Number _____
Vehicle (Year) _____ Make _____ Model _____
Location of Accident _____
Date of Accident _____ Time _____
Driver's Insurance Company _____

THE FINANCIAL RESPONSIBILITY LAW REQUIRES:

The owner or operator of a motor vehicle involved in an accident causing injury, death, or damage to property of any one person in excess of \$150, to make a report within thirty days to: BUREAU OF MOTOR VEHICLES, SAFETY RESPONSIBILITY DIV., PO BOX 1199, Columbus, Ohio 43216. Failure to do so may result in the suspension of your driver's or chauffeur's license.

OTHER PARTY INVOLVED

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