



Wisconsin Department of Transportation

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EVALUATION OF MOTOR VEHICLE DAMAGE

T342 06/2011 (Replaces MV3658) P7614070
T343 06/2011

DIVISION OF MOTOR VEHICLES
Accident Records Unit
PO Box 7919
Madison, WI 53707-7919

Telephone: 608-266-8753
FAX: 608-261-8201
E-mail: traffic-accidents.dmv@dot.wi.gov

Accident Number:

Accident Date:
Accident Location:
Other Operator/Owner:
Due Date:

Our records show that a vehicle owned or leased by you was damaged in the above accident and one of the other motorists may not have insurance. This form may assist you and/or your insurance company to recover damages if the motorist without insurance caused the accident. Please answer the questions below **before** a qualified evaluator completes the certification.

- Yes No 1. Did the motorist without insurance cause the accident?
- Yes No 2. Does the motorist without insurance still owe you OR your insurance company for your vehicle damage?
- Yes No 3. Were your vehicle damages \$1,000 or more OR were you listed as injured on the accident report?

If you answered "NO" to ANY of these questions, **STOP! DO NOT** return this form.
If you answered "YES" to these questions, **please read the BACK of this form**. This form must be completed by a qualified evaluator and returned to the address above.

DO NOT COMPLETE THE FOLLOWING CERTIFICATION YOURSELF.

Damage estimates or bills are **NOT** acceptable in place of a properly completed and signed evaluation.

CERTIFICATION OF VEHICLE DAMAGE														
<div style="border: 1px solid black; padding: 5px;"> <p>Circle Numbered Area of Vehicle Damage</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">6</td> <td style="width: 33%; text-align: center;">7</td> <td style="width: 33%; text-align: center;">8</td> </tr> <tr> <td style="vertical-align: top;">10 Undercarriage</td> <td style="border: 1px solid black; text-align: center;">REAR</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">FRONT</td> </tr> <tr> <td style="vertical-align: top;">11 Total (Damage to all areas)</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> </table> <p>Circle Extent of Damage</p> <p>1 Minor 2 Moderate 3 Severe 4 Total Loss</p> </div>		6	7	8	10 Undercarriage	REAR	9	FRONT	11 Total (Damage to all areas)	4	3	2	<p>Vehicle Year: _____</p> <p>Vehicle Make: _____</p> <p>Vehicle ID: _____</p> <p>License Plate: _____</p> <p>Vehicle Operator: _____</p> <p>Vehicle Owner or Lessee: _____</p>	
	6	7	8											
10 Undercarriage	REAR	9	FRONT											
11 Total (Damage to all areas)	4	3	2											
<p>1. The total vehicle damage resulting from the above accident: \$ _____</p>														
<p>2. Do the repair costs exceed the value of the vehicle or was the vehicle considered a total loss? _____ No _____ Yes</p>														
<p>3. If YES, give the approximate fair market value of the vehicle prior to the accident minus any salvage value: \$ _____</p>														
<p>I am aware that this certification will be used by the Department of Transportation to evaluate the vehicle damage resulting from the above accident. The damage amount does not include new parts that are not justified or damages done before or after the above accident. I certify that the above damage amount, evaluated by me, is a true and correct estimate to the best of my knowledge.</p>														
(Company Name)	(Evaluator's Signature)	(Date)												
(Address)	(Evaluator's Job Title)													
(City, State, Zip Code)	(Area Code - Telephone Number)													

Examples of qualified Evaluators who may complete the Certification portion of the form:

- * Authorized representatives from insurance companies, including the following:
 - Claims Adjuster
 - Damage Appraiser
 - Claims Representative
 - Claims Manager
 - Subrogation Specialist/Analyst
 - Recovery Representative
- * Damage Adjusters or Appraisers
- * Body Shops
- * Auto Dealers
- * Salvage Dealers (if the vehicle was a total loss)

Who may NOT complete the Certification portion of the form:

- * You (owner/lessee)
- * Insurance **Agents**
- * Bus/Trucking Companies (unless your company repairs its own vehicles, then a work order for the repairs must be attached to this completed form.)

Damage estimates or bills are NOT acceptable in place of a properly completed and signed evaluation.

How will the completed form be used?

The completed form is a verification to the Department of Transportation of the amount of vehicle damage resulting from this accident. No action can be taken unless this form is properly completed and returned by the due date indicated on the front side of this form.

If the uninsured motorist is determined to be more at fault than you, the uninsured will be required to:

- * Show proof of settlement with you; OR
- * Deposit security with our department (you will be notified if security is deposited).

If the uninsured motorist does not comply with either of the above, they may lose their driving and/or registration privileges for one year.

What else can you do?

The motorist without insurance often complies with the Safety Responsibility Law. If they do not comply, you may pursue your claim:

- * In small claims court, if the claim is \$5,000 or less; OR
- * In circuit court, if the claim is over \$5,000.

If the court decides the uninsured owes \$500 or more, you must request the court certify the judgment to our Department under s.344.05 Wis. Stats. Once the certified judgment is received, the uninsured will lose their operating and registration privileges until the judgment is paid or for a maximum of 20 years.

Questions?

If you have questions or need more information, please contact the Accident Records Unit at the address or telephone number listed on the front of this form.