



# Wisconsin Department of Transportation

www.dot.wisconsin.gov

## EVALUATION OF MOTOR VEHICLE DAMAGE

T342 3/2009 (Replaces MV3658) P7614070  
T343

DIVISION OF MOTOR VEHICLES

Accident Records Unit  
PO Box 7919  
Madison, WI 53707-7919

Telephone: **608-266-8753**

Facsimile (FAX): **608-261-8201**

E-mail: traffic-accidents.dmv@dot.wi.gov

Use this form ONLY if the DMV Accident Records Unit directs you to use it.

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. Before you have the certification below completed, please answer the following:

- Yes  No 1. Was a motorist without insurance involved in the accident?
- Yes  No 2. Did the motorist without insurance cause the accident?
- Yes  No 3. Does the motorist without insurance still owe you OR your insurance company for your vehicle/property damage?
- Yes  No 4. Were your vehicle/property damages \$1,000 or more OR were you (owner/lessee) listed as injured on the accident report?

If you answered "NO" to ANY of these questions, please do NOT return this form.

If you answered "YES" to ALL FOUR (4) questions, **please read the BACK of this form**, have the form completed by a qualified evaluator and returned.

### PLEASE DO NOT COMPLETE OR SIGN THIS FORM YOURSELF.

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

### CERTIFICATION OF VEHICLE DAMAGE

<b>Circle Numbered Area of Vehicle Damage</b>			
10 Undercarriage	6	7	8
11 Total (Damage to all areas)	5	REAR	FRONT
	4	3	2
<b>Circle Extent of Damage</b>			
1 Minor	2 Moderate	3 Severe	4 Total Loss

Vehicle Year:

Vehicle Make:

Vehicle ID:

License Plate:

Vehicle Operator:

Vehicle Owner or Lessee:

- The total vehicle damage resulting from the above accident: \$ \_\_\_\_\_
- Do the repair costs exceed the value of the vehicle or was the vehicle considered a total loss?  No  Yes
- If YES, give the approximate fair market value of the vehicle prior to the accident less any salvage value: \$ \_\_\_\_\_

I am aware that this certification will be used by the Department of Transportation to evaluate the vehicle damage resulting from the above accident. To the best of my knowledge the damage amount does not include new parts where not warranted 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.

\_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Evaluator Signature) (Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Evaluator Title)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Area Code - Telephone Number)

### **Examples of 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
- \* 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 a completed evaluation is accompanied by the bus/trucking company's own work order)

**Damage estimates or bills are NOT acceptable in lieu 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 property 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 motorist without insurance appears 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); OR
- \* Lose their driving and/or registration privileges for one year.

### **What 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 may request the court to certify the judgment to our Department under s.344.05 Wis. Stats. 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.