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WEA PROPERTY & CASUALTY INSURANCE COMPANY STATEMENT OF ACCIDENT

Claim Number: _____ Date of Accident: _____
Accident Location: _____

Name: _____

Address: _____

City, State, ZIP: _____ Phone: _____

1. Were you involved in the accident? Yes No
If yes, were you a driver, passenger, or pedestrian? _____

2. Were you a witness to the accident? Yes No
If yes, where were you when you saw the accident? _____
Do you know the names of any other witnesses? Yes No
If yes, please provide the names: _____

3. Make/model of the vehicle you were in: _____

4. Are you the owner of the vehicle you were in? Yes No
If not, who is? _____
If you are the owner or driver, describe the area of damage. _____

5. Cost of repair: _____

6. Present location: _____

7. Do you have insurance covering the damages? Yes No
Name and address of insurance company or agent: _____

What is your deductible? _____

8. Please describe the accident in your own words (Please use an additional blank sheet if needed)

General description _____

The speeds and distance of the vehicles from each other leading up to the impact _____

The points of impact on each vehicle _____

The points of impact in the roadway or intersection _____

How or if drivers tried to take evasive action _____

Where the vehicles ended up _____

9. Were you injured? Yes No
 Describe the injury: _____
 Name and address of medical facility where medical treatment was sought: _____

 Are you still injured? Yes No
 Name and address where you are currently seeking treatment: _____

 Do you have medical insurance covering your medical bills? Yes No
 Did you miss work? Yes No
 If yes, how long? _____ Your rate of pay? _____
10. In your opinion, who was at fault for the accident? _____

Please read the instructions below and fill in the diagram to the best of your ability.

INDICATE NORTH IN ABOVE CIRCLE

Identify each car and direction by numbered arrow, thus: . Show each car's position at the moment when crash happened. Show direction and distance each car traveled before the crash by solid line, thus: . Show direction and distance traveled after crash by dotted line, thus: . Show pedestrian by small circle, thus: . Show railroads by +++++.

CONSTRUCTION AND CONDITION OF ROAD; WEATHER, TIME

CONCRETE <input type="checkbox"/>	DRY <input type="checkbox"/>	SMOOTH <input type="checkbox"/>	CLEAR <input type="checkbox"/>
GRAVEL <input type="checkbox"/>	WET <input type="checkbox"/>	ROUGH <input type="checkbox"/>	RAINING <input type="checkbox"/>
OILED <input type="checkbox"/>	ICY <input type="checkbox"/>	UPHILL <input type="checkbox"/>	MISTY <input type="checkbox"/>
DIRT <input type="checkbox"/>		DOWNHILL <input type="checkbox"/>	FOG <input type="checkbox"/>
ASPHALT <input type="checkbox"/>		LEVEL <input type="checkbox"/>	SNOW <input type="checkbox"/>
TIME		O'CLOCK	M.

This statement is true and correct to the best of my knowledge.

Signed: _____ Dated: _____