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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.

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 +++++.

INDICATE NORTH IN ABOVE CIRCLE

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: _____