



# EVALUATION OF MOTOR VEHICLE DAMAGE

Wisconsin Department of Transportation  
MV3658 10/2016



DIVISION OF MOTOR VEHICLES  
Uninsured Motorist Unit  
P.O. Box 7983, Madison, WI 53707-7983  
Telephone: (608) 266-1249  
Fax: (608) 267-0606  
Email: [dotuninsuredmotorist@dot.wi.gov](mailto:dotuninsuredmotorist@dot.wi.gov)

Name of Vehicle Owner (First, Middle Initial, Last)	Accident Number	Accident Date (m/d/yyyy)
Address	Accident Location (City, Town or Village)	
City State Zip Code	Name of <b>Other</b> Operator/Owner	

Our records show that a vehicle owned or leased by you was damaged in the above accident and one of the 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

<input type="checkbox"/> <input type="checkbox"/>	Did the motorist without insurance cause the accident?
<input type="checkbox"/> <input type="checkbox"/>	Does the motorist without insurance still owe you OR your insurance company for your vehicle damage?
<input type="checkbox"/> <input type="checkbox"/>	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 MOTOR VEHICLE DAMAGE

Circle Numbered Area of Vehicle Damage 10 Undercarriage 11 Total (damage to all areas) 5	6 7 8	Vehicle Year	Vehicle Make
	REAR 9 FRONT 1	Vehicle ID (VIN #)	License Plate Number
	4 3 2	Vehicle Operator Name (First, MI, Last)	
Circle Extent of Damage 1 Minor 2 Moderate 3 Severe 4 Total Loss	Vehicle Owner or Lessee		

1. Total vehicle damage resulting from the above accident: .....\$\_\_\_\_\_

2. Do the repair costs exceed the value of the vehicle or was the vehicle considered a total loss?.....☐ YES ☐ NO

3. If YES, give approximate fair market value of the vehicle prior to the accident minus 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. 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.

Company Name	Title
Address	Evaluator's Name (print)
City State Zip Code	<b>X</b> (Evaluator's Signature) (Date)
(Area Code) Telephone Number	

## EVALUATION OF MOTOR VEHICLE DAMAGE *(continued)*

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### 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 verification to the Department of Transportation of the amount of vehicles damage resulting from this accident. No action can be taken unless this form is properly completed and returned to the address on the front side of this form.

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

- Show proof of settlement/agreement 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 privilege until the judgment is paid or for a maximum of 5 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.