



EVALUATION OF PERSONAL INJURIES

Wisconsin Department of Transportation
MV3656 8/2019 Ch. 344 Wis. Stats.



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

Name (First, Middle, Last)			Accident Number	Accident Date (m/d/yyyy)
Address			Injured Person Name	
City	State	Zip Code	Birth Date (m/d/yyyy)	

Our records show that you were injured in the above accident and one of the motorists may not have insurance. This form may assist you and/or your insurance company in recovering your injury costs. Please answer the questions below **before** a qualified evaluator completes the certification.

YES NO	Does the motorist without insurance still owe you OR your insurance company for your injury costs?
---------------	--

If you answered "NO" to this question, **STOP! DO NOT** return this form.

If you answered "YES" to this question, **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.

Copies of relevant medical documentation/bills may be attached to this completed and signed evaluation.

CERTIFICATION OF PERSONAL INJURY	
1. Dollar amount of medical expenses to date:\$ 2. Total Expense Estimate (include hospitalization, surgery, therapy, future cosmetic surgery, etc.):\$ 3. Was the patient hospitalized? YES , Inpatient, Number of Days NO , Emergency Room Only or Outpatient Only 4. Did the patient have any pain or suffering?..... YES NO 5. Does the patient have disfiguring scars? YES NO 6. Will the patient have any permanent disability? YES NO	7. Injury location/type (check all that apply) LIMBS TRUNK/INTERNAL HEAD Contusions/Lacerations Burns Strain/Sprain Fractures Internal Concussion Dental Whiplash 8. Diagnosis – Be specific (explain codes, if any used)
Office Name	Medical Evaluator's Title
	Medical Evaluator's Name (print)
Address	Medical License Number
City State Zip Code	
(Area Code) Telephone Number	
	X
	(Medical Evaluator's Signature) (Date)

EVALUATION OF PERSONAL INJURIES *(continued)*

Wisconsin Department of Transportation MV3656

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

- * Physicians
- * Chiropractors
- * Nurse Practitioners
- * Physician Assistants
- * Physical Therapists
- * Psychiatrists or Psychologists
- * Dentists
- * Accredited Medical Technicians
- * Authorized Medical Records personnel, including:
 - ☐ Medical Records Administrators
 - ☐ Medical Records Librarians
 - ☐ Registered Record Administrators
 - ☐ Release of Information Clerks (at hospitals)

If treatment was received from more than one of the above, only one evaluator needs to complete this form. Copies of additional bills/relevant medical documentation may be attached to this completed and signed evaluation. Please be aware that any medical information you submit will become part of the file and available to the other party and/or their attorney upon request.

Did your injuries cause you to miss work?

If so, please have your employer prepare a signed statement, on company stationery, listing the amount of time and wages lost. Return your employer's statement along with this completed form.

Who may NOT complete the Certification portion of the form:

- ☐ You (property owner)
- ☐ Insurance Companies
- ☐ Attorneys

How will the completed form be used?

The completed form is verification to the Department of Transportation of the amount of your medical expenses in the accident. No action can be taken unless this form is properly completed and returned to the address on the front side of this form.

The uninsured motorist 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.