

OPERATING ENGINEERS LOCAL 139
HEALTH BENEFIT FUND

N27 W23233 Roundy Drive • P.O. Box 160 • Pewaukee, WI 53072-0160

Phone: (262) 549-9190

Toll Free: (800) 242-7018

Accident Report Form

Participant's Name _____ Date: _____

Participant's OEF Number: _____ Telephone Number: _____

Name(s) of injured member(s) of your family: _____

Date and time of the accident? _____

Where did the accident happen? _____

Were the police called to the scene? Yes _____ No _____ If yes, what town or city? _____

Did someone else cause all or part of the accident? Yes _____ No _____

If yes, who was the other person? _____

Name

Address

City

State

Zip

Name of the other person's insurance company if known: _____

Do you have a lawyer representing you in this matter? Yes _____ No _____

If yes, please write your lawyer's name and address: _____

Name

Address

City

State

Zip

If auto accident, was anyone charged with a traffic violation? If yes, who: _____

Please explain how the accident happened: _____
