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| Wis. Stats. Chapter 45 | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  (608) 266-1311 | 1-800-WIS-VETS (947-8387) | WisVets.com |
|  |  | |
| **EXPLANATION OF ACCIDENT OR INJURY**  **Health Care & Subsistence Aid Grants** | | |
|  | | |
| Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]. | | |

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| Veteran’s Name | |  | | | | | | | WDVA # | | |  | |
| Applicant’s Name (if different) | | | | |  | | | | | | | | |
| Nature of Injury | | |  | | | | | | | | | | |
| Date of Incident | | |  | | | | | Time of Day/Night | |  | | | |
| Witnesses | | |  | | | | | | | | | | |
| Name |  | | | | | Address |  | | | | Phone | |  |
| Name |  | | | | | Address |  | | | | Phone | |  |
| Location of Incident  (Address & Phone) | | | |  | | | | | | | | | |

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| Give your actions and whereabouts for at least four (4) hours prior to the incident. Include the quantity and type of alcoholic beverages and/or drugs ingested, if any. If none, so state. Give a detailed account of the incident itself. |
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| Under penalty of applicable law, I certify that this information is true and complete to the best of my knowledge and belief. | | | |
|  | | | |
| Signature |  | Date |  |
|  | | | |

This form is to be submitted through the County Veterans Service Office as a supplement to an application for subsistence and/or a Health Care Aid Grant from the Wisconsin Department of Veterans Affairs.

NOTE: If this was work related, the applicant should apply for Workers Compensation. If it occurred on private property, the applicant should check into liability insurance coverage. The applicant may be asked to provide additional information.