

If a motor vehicle was damaged, complete the following:

Vehicle: Year _____ Make _____ Model No. _____

License Number _____ State _____

Body Type: 2 Door ___ 4 Door ___ Sedan ___ Hatchback ___ Station Wagon ___

Windshield Type: Clear ___ Tinted ___ Shaded ___ Imprinted Antenna ___

Front-Wheel Drive _____ Rear Wheel Drive _____ 4-Wheel Drive _____

Owners Name _____ Phone _____

Address _____

Vehicle Insurance: Yes _____ No _____

If yes, Name of Company _____ Policy Number _____

Address: _____ Phone _____

Other Vehicle: License Number: _____ Equipment Number _____

Type of Vehicle Involved: _____

Witness Names and Addresses:

Please mail this notification to: Ray Eby
Montana Department of Transportation
P.O. Box 201001
Helena, Montana 59620-1001

The Department of Administration Risk Management and Tort Defense Division (RMTD) determines liability and responsibility for all claims against the Montana Department of Transportation (MDT). The MDT will prepare a report that will be attached to this accident/incident notification form and will submit both forms to RMTD in Helena. Upon receipt of this form, RMTD will notify you by letter that your claim was received and that they will be investigating your claim. If you do not hear from them in a reasonable amount of time, please contact them at the address and phone number listed below:

Department of Administration
Risk Management and Tort Defense Division
P.O. Box 200124
Helena, Montana 59620-0124
Phone: (406) 444-2421

NOTE: Our contractors are required to carry insurance, and if the incident occurred on a section of highway under construction, RMDT will submit the claim directly to the contractor.