Citizen Incident Notification

Please complete and return this form to the address indicated on the reverse side as soon as possible and attach any estimates, police reports, pictures of the damages, etc., pertinent to the incident. PLEASE TYPE OR PRINT.

Claimant Information

Name_________________________________________ Phone (____)__________
Address_______________________________________ Work Phone (____)__________
City________________________ State____________________ Zip___________________

Description of Incident

Time, Date and Location:______________________________________________________

___________________________________________________________________________

Explain problem or describe what occurred: (Attach separate sheet if necessary)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Describe Damage: (Property, Vehicle, etc.)_____________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Personal Injuries: Yes_______ No_____ If Yes, explain:__________________________

___________________________________________________________________________
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: ________________________

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Witness Names and Addresses:

________________________________________
________________________________________
________________________________________
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Please mail this notification to: Occupational Safety & Health Bureau
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.