



## 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: \_\_\_\_\_

---

---

Witness Names and Addresses:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

---

---

Please mail this notification to: Matthew Chambers  
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.