



Fire Call Claim - Eligibility, Claim Form and Form Instructions

Wisconsin Department of Transportation

DT1725 8/2026

Program Purpose and Eligibility: To provide reimbursements to eligible local governments for fire calls for eligible events on state highways under s. 60.557(2), s. 61.65(8), and s. 62.13(8), Wisconsin Statutes. The following local governments are eligible: all towns served by any type of fire department; any villages with volunteer fire departments; and any cities with a combination of paid and volunteer fire departments. These entities are eligible for reimbursement for up to \$500 in actual expenses for responding to calls for emergency fire services on state maintained highways. No other local government/type of fire department combinations are eligible for reimbursement such as villages with paid or combination fire departments and cities with solely paid fire departments or solely volunteer fire departments.

Eligible local governments may submit a claim with supporting documentation to recover costs for responding to fire calls on the state highway right-of-way if they are unable to recover costs from the party receiving the service, or when the responsible party is unknown. Claims, including all documentation are reviewed by the Wisconsin Department of Transportation (WisDOT).

Eligible Highways: All state trunk highways, U.S. highways, and the Interstate system rights-of-ways. Connecting highways under the maintenance responsibility of a city or village are not eligible for fire call reimbursements. Fire calls on county roads (unless the county road is part of a marked detour from an eligible route) should be billed to the county per Wisconsin State Statute s. 60.557(1). Railroad tracks or railroad property are not eligible under this program.

Qualifying Events Eligible for Reimbursement: When responding to fire calls on an eligible highway, reimbursable events are identified as being fire protection related (fire prevention and suppression and/or protection of life and property from hazards related to fire). Examples include but are not limited to:

1. Extinguishing a fire on a vehicle, structure, or vegetation.
2. Handling gasoline or other hazardous materials.
3. Requesting for extrication equipment to remove, or attempt to remove, individuals trapped in vehicles as the result of a crash on an eligible highway.

Not all activities performed by fire departments during the course of a fire call are reimbursed. Examples of activities that fall outside of fire protection services and would not be reimbursed include and are not limited to: traffic control or emergency medical services (EMS).

To qualify for reimbursement, the fire equipment response must include at least one of these eligible events. Ambulance equipment responses are not eligible for reimbursement. Actual costs, up to a maximum of \$500 per fire call with a qualifying event, may be reimbursed when fire equipment responds for the expressed event purpose intended, even when the fire equipment is not actually used. If fire equipment is routinely called out as a matter of local policy whenever an emergency call is received and a qualifying event does not occur, these costs are not eligible for reimbursement under this program.

Required Cost Recovery Attempts: A local government is required under statutes to attempt to recover the costs for qualifying emergency services from the insurer of the responsible party and the individual. Documentation of good faith attempts must be included in the reimbursement claim.

If the responsible party is not insured, or if the local government is unsuccessful in collecting the costs of the fire call from the individual's insurer, the local government is required to make a reasonable effort to collect the costs directly from the responsible party. Any recovered amount must be subtracted from the claimed amount submitted to the state. If a local government recovers costs from the responsible party after the state reimburses the local government, the local government is required by statute return the reimbursed amount collected to WisDOT.

To Request Reimbursement: The local government must complete and submit the attached claim form (DT1725) including all required documentation by email to FireCallClaims@dot.wi.gov or mail to the address found on the claim form. Documents supporting a claim include: the accident/crash report; fire incident report and/or dispatch log; an accounting of the fire call costs; and invoices or letters of attempts to collect payment from the insurer and responsible party. Reimbursements are made directly to the municipality.

Claims including a completed form and all supporting documentation must be submitted within one year of the qualifying incident to be eligible for reimbursement.



STATE TRUNK HIGHWAY FIRE CALL CLAIM

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PLEASE READ THE INSTRUCTIONS ON PAGE 3 FOR FURTHER DETAILS.

- Complete all boxes of the form. The Municipal clerk must attest to the claim by signing the form.
- Submit only one claim for each incident regardless of the number of vehicles or fires involved.
- Submit the completed claim form and all supporting documentation to:

Email (preferred method):

FireCallClaims@dot.wi.gov

Or Mail to:

Wisconsin Department of Transportation
Bureau of Highway Maintenance
P.O. Box 7986, Madison, WI 53707-7986

PARTY RESPONSIBLE FOR FIRE CALL

1. Name(s) of Responsible Party (First, MI, Last)		2. Name of Vehicle Owner if <u>Not</u> Operator (First, MI, Last)	
☐ Unknown (Check this box only if responsible party is unidentified)		2. Address	
1. Address		2. City	State ZIP Code
1. City	State ZIP Code	4. Name of Operator's/Owner's Insurance Company	
3. Vehicle License Number		☐ Uninsured Motorist	

FIRE CALL CLAIM AND MUNICIPAL INFORMATION

5. Local Government Where Fire Occurred (check one) City Village Town		OF:	
COUNTY OF: ☐ ☐ ☐		8. Date of Call (m/d/yy)	
6. Location of Fire (Be specific – State Highway Number, Mile Marker, Distance from Village, City or Intersection)		9. Time of Call ☐ AM ☐ PM	
7. Fire call occurred on a street that receives <i>Connecting Highway Aid</i> : ☐ YES ☐ NO		10. Type of Call (Fire, Accident, etc.)	
12. Name of Fire Department Servicing Call		11. Purpose of Fire Call ☐ Extinguish Fire ☐ Handle Gasoline/Hazardous Materials ☐ Extricate Victims ☐ Other:	
13. Fire Department Type (check ONLY ONE) ☐ Volunteer Fire Department ☐ Salaried Fire Department ☐ Combination Paid and Volunteer Fire Department		14. Is Fire Equipment Called Out on All Emergency Calls (Matter of Local Policy)? ☐ YES ☐ NO	
16. To Which Municipality Shall Payment be Made ☐ City ☐ Village ☐ Town		15. Was Fire Equipment Used on Call? ☐ YES ☐ NO If YES, describe equipment used:	
16. Local Government Name		17. Collection Efforts from Parties Involved (Attach ALL documentation of collection attempts with Insurer and Responsible Party) ☐ Insurance Company was contacted ☐ Vehicle Owner was contacted	
18. Clerk/Treasurer Name		23. Cost of Fire to Municipality ☐ Annual Fee ☐ Standard Cost Per Fire ☐ Hourly Rate ☐ Cost of Wages and Supplies ☐ Other:	
18. Clerk Mailing Address City State ZIP Code		Municipality Total Amount \$	
19. Clerk Email Address	20. Clerk Telephone Number		
21. Local Government Taxpayer Identification Number (FEIN)			
22. (Maximum Claim Amount \$500) Amount of Claim \$			

24. I certify that I have verified all the information submitted in this claim, and I confirm that it is true and correct. I certify the municipality made a reasonable effort to collect costs from the responsible parties, including the insurer of the party responsible for the fire call. I certify that no portion of the costs of the fire call claim has been paid by another party. If a payment to the municipality by responsible parties is made after receipt of state's reimbursement of the claim, the municipality will return claim amount to WisDOT as required under statutes.

X

(Authorized Signature – Town, Village or City Clerk / Treasurer)

(Date – m/d/yy)

For WisDOT Office Use Only

Approval: Signature _____ Date _____

CLAIM INSTRUCTIONS FOR STATE TRUNK HIGHWAY FIRE CALL PROGRAM

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Complete all form fields and provide required documentation supporting the claim. An incomplete form or missing documentation will be returned to the municipality submitting the claim, which will delay processing. Only qualified events on eligible highways in eligible communities will receive reimbursement. All claims with supporting documentation must be submitted within one year of the qualifying incident to be eligible for payment. WisDOT will review claim and documentation for all elements as described in this claim packet.

With your completed fire call claim form, provide the following documentation:

- Fire incident report and/or fire call log.
- Documentation of the fire call costs.
- Crash report. These may be obtained from WisDOT DMV, Accident Records Unit, (608) 266-8753.
- Invoices/letters to responsible individuals and insurance companies requesting payment.
- Copies of any written refusals to pay by responsible parties.

1. **Name of Responsible Party and Address:** Provide the full name and address of the party responsible for the fire call. **Unknown:** Check the box only if there is no way to identify the responsible party.
2. **Name of Vehicle Owner and Address (if not operator):** Provide the full name and address of vehicle owner.
3. **Vehicle License Number:** Provide the license number of vehicle responsible for the fire call.
4. **Name of Operator's/Owner's Insurance Company:** Provide the name of the insurer of the responsible party/vehicle owner unless the responsible party is unknown. Indicate if the fire call documentation (e.g. crash report) failed to identify the actual insurer and when contacted, the responsible party/vehicle owner did not identify an actual insurer. **Uninsured:** Check the box only when municipality has confirmed the responsible party/vehicle owner is uninsured.
5. **Municipality Where Fire Occurred:** Provide the county name. City/Village/Town: Check the appropriate box and provide the name.
6. **Location of Fire:** Provide the specific location of the fire call.
7. **Connecting Highway Aid:** Check the appropriate box.
8. **Date of Call:** Provide the event date.
9. **Time of Call:** Provide the event time and check AM or PM.
10. **Type of Call:** Describe the type of call. Brush fire, car accident, etc.
11. **Purpose of Fire Call:** Check the appropriate box.
12. **Name of Fire Department Servicing Call:** Provide the name of the fire department.
13. **Fire Department Type:** Check the appropriate box.
14. **Is Fire Equipment Called Out on All Emergency Calls as a Matter of Local Policy?:** Check the appropriate box.
15. **Was Fire Equipment Used on Call?:** Check the appropriate box and describe equipment if used.
16. **City/Village/Town:** Check the appropriate box and provide name of community to which payment will be made.
17. **Collection Efforts:** Check the appropriate box(es) to confirm collection efforts with each party. Provide all documentation of collections with insurer and responsible party.
18. **Name/Mailing Address:** Provide the name and mailing address of municipal clerk / treasurer for sending reimbursement check.
19. **Municipal Clerk Email Address:** Provide the email address of the municipal clerk / treasurer.
20. **Municipal Clerk Telephone Number:** Provide telephone number of municipal clerk / treasurer.
21. **Municipality Federal Tax ID Number:** Provide the city/village/town's Federal Employer's Identification Number (FEIN).
22. **Amount of Claim:** Provide amount of claim. Maximum amount is \$500.
23. **Municipality's Total Costs:** Check the appropriate box and list the actual fire call costs to the city/village/town.
24. **Signature:** The municipal clerk / treasurer must sign claim. Other signatures will not be accepted.

Resources

- Wisconsin Circuit Court Access website: wcca.wicourts.gov
- National Fire Incident Reporting System (NFIRS)
- U.S. Dept. of Transportation, Federal Motor Carrier Safety Administration, Safety and Fitness Electronic Records (SAFER) System website: safer.fmcsa.dot.gov - Motor Carrier Snapshot
- Wisconsin Commissioner of Insurance website: oci.wi.gov - Company Lookup feature may provide insurance company contact information.
- Wisconsin DOT Division of Motor Vehicles - Accident Records Unit, (608) 266-8753.