ROADWAY INCIDENT REPORT

Wisconsin Department of Transportation

DT1711 10/23

Use this form to report a loss or damage to your vehicle which occurred on a state highway or interstate in Wisconsin as a result of the negligence of workers. Complete this Roadway Incident Report, save the form to your computer and either:

**Email to:** **WisDOT Property and Liability Manager**

**Or**

**Print and Mail to:**

Wisconsin Department of Transportation

Division of Business Management/Risk Management

P.O. Box 7915, Madison, WI 53707-7915

*If damage occurred due to a crash or hitting an animal, please visit:* [*http://wisconsindot.gov/Pages/safety/crsh-rpt/default.aspx*](http://wisconsindot.gov/Pages/safety/crsh-rpt/default.aspx)*.*

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| **Reporter Information** | **Incident Information** |
| Name (First, MI, Last)  | Date of Incident (m/d/yyyy)     |
| Address     | Location of Incident (Mile Marker, Landmarks)      |
| City, State and ZIP Code    | City and County of Incident    |
| (Area Code) Telephone Number      | Was the Incident in a Construction Zone?☐ Yes ☐ No | Mile Marker      |
| Any additional information: |