

# REPORT OF DEPARTMENT PROPERTY DAMAGE

Information required by Act 17, P.A. of 1925.  
Failure to supply this information will result in non-payment for service.

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ACCIDENT/INCIDENT REPORT NUMBER		OWNER/DRIVER	ACCIDENT DATE
TRUNKLINE NUMBER	JOB/PROJECT NUMBER	POLICING AGENCY	
AGENCY MAKING REPAIRS (List all agencies involved)		CONTACT PERSON	AGENCY PHONE NO.

WORK COMPLETED, CHECK APPROPRIATE BOX

<input type="checkbox"/> Guardrail	<input type="checkbox"/> Attenuator	<input type="checkbox"/> Concrete wall	<input type="checkbox"/> Signals	<input type="checkbox"/> Sign
<input type="checkbox"/> Cable Guardrail	<input type="checkbox"/> Bridge	<input type="checkbox"/> Lane closure	<input type="checkbox"/> Fences	<input type="checkbox"/> Other _____

CHECK APPROPRIATE BOX:  Repair  Actual costs  Estimated costs  
 Replace

<b>Labor</b>	INSTALLER BY SHOP IDENTIFIER NUMBER	DATES WORKED	HOURS	RATE	DIRECT LABOR CHARGES
DIRECT LABOR COST TOTAL					

<b>Equipment</b>	NUMBER OR DESCRIPTION	DATES WORKED	HOURS	RATE	DIRECT EQUIP. CHARGES
DIRECT EQUIPMENT COST TOTAL					

<b>Materials</b>	ITEM DESCRIPTION	UNIT	COST/UNIT	DIRECT MATERIAL CHARGES
DIRECT MATERIAL COST TOTAL				

TOTAL DIRECT COSTS

**INDIRECT COSTS**

LABOR ADDITIVE (fringe) %	% x	DIRECT LABOR COST TOTAL	=	
MATERIAL HANDLING %	% x	DIRECT MATERIAL COST TOTAL	=	
OVERHEAD %	% x	TOTAL DIRECT COSTS	=	
TOTAL INDIRECT COSTS				

TOTAL COST (TOTAL DIRECT COSTS + TOTAL INDIRECT COSTS)

<b>TO BE FILLED OUT BY ARU ONLY</b>	
SIGNATURE	LESS DEPRECIATION (On Replacement Cost Only) \$
TITLE	MAIN OFFICE CHARGE \$
DATE	GRAND TOTAL \$

**ADDITIONAL PAGE MAY BE USED IF NEEDED**

ACCIDENT/INCIDENT REPORT NUMBER

OWNER/DRIVER

ACCIDENT DATE

DESCRIPTION OF ARTICLES OR SERVICE RENDERED

<b>Labor</b>	INSTALLER BY SHOP IDENTIFIER NUMBER	DATES WORKED	HOURS	RATE	DIRECT LABOR CHARGES
	ENTER TOTAL ON PAGE ONE				
<b>Equipment</b>	NUMBER OR DESCRIPTION	DATES WORKED	HOURS	RATE	DIRECT EQUIP. CHARGES
	ENTER TOTAL ON PAGE ONE				



***Reference Guide for completing Michigan Department of Transportation***

***Report of Department Property Damage Form 443***

- The calculations are automatic when the form is completed on line.

**ACCIDENT/INCIDENT REPORT NUMBER** - Can be found in the upper right corner of the Traffic Crash Report.

**OWNER/DRIVER** – Can be found in the center of the Traffic Crash Report.

**ACCIDENT DATE** - Can be found in the upper left corner of the Traffic Crash Report.

**TRUNKLINE NUMBER** - Can be found in the center of the Traffic Crash Report.

**JOB/PROJECT NUMBER** – Applies if 3<sup>rd</sup> party contractor does repairs.

**POLICING AGENCY** - Can be found in the top middle of the Traffic Crash Report.

**AGENCY MAKING REPAIRS** - The garage or the County Road Commission making the repairs.

**CONTACT PERSON** - Supervisor overseeing trunkline repairs that can answer any questions regarding the items that were filled out on form 443.

**AGENCY PHONE NUMBER** - The garage phone number or county road commission phone number where the contact person can be reached.

**WORK COMPLETED**

- Check appropriate box of what was repaired.

**CHECK APPROPRIATE BOX:** Check only one box.

- Repair: Less than whole item being repaired
- Replacement: The **ENTIRE** unit has been taken down and replaced with all new material
- Actual Costs: Repairs/replacement to damage caused by the above accident have been completed. The cost is itemized below.
- Estimated Costs: Below is an estimated cost of damage caused by the accident above.

Labor

**INSTALLER BY SHOP IDENTIFIER** - Employee number, Installers initials, or TMW number as long as the information on the 443 form can be identified to a specific individual. This will reduce the number of harassing phone calls to these individuals.

**DATES WORKED** - These would be all the dates you were at this site.

**HOURS** - This would be the hours you were at the site.

**RATE** - This is the hourly rate.

**DIRECT LABOR CHARGES** - Hours worked multiplied by rate equals direct labor charges.

**DIRECT LABOR COST TOTAL** – Total of all direct labor charges.

Equipment

**NUMBER OR DESCRIPTION** - Equipment number or description.

**DATES WORKED** - The date the equipment was at the job site.

**HOURS** - Hours worked on site.

**RATE** - Equipment rental rate which is recalculated annually.

**DIRECT EQUIPMENT CHARGE** - Hours multiplied by rate equals direct equipment charges.

**DIRECT EQUIPMENT COST TOTAL** – Total of all direct equipment charges.

Materials

**ITEM DESCRIPTION** - Description if the item(s) used for the repair or replacement.

**UNIT** - The number of units used on this particular job.

**COST/UNIT** - Cost of one unit.

**DIRECT MATERIAL CHARGES** - Units multiplied by cost per unit equals direct material charges.

**DIRECT MATERIAL COST TOTAL** – Total of all direct material charges.

**TOTAL DIRECT COST**- Add direct labor charges plus direct equipment charges plus direct material charges equals total direct cost.

**Indirect Costs**

**LABOR ADDITIVE** - Multiply Labor Additive rate by direct labor charges.

MDOT Current rate can be found at:

<http://inside.michigan.gov/sites/mdot/finance/fod/Rates/Forms/AllItems.aspx>

\* County Road Commission - refer to State Trunkline Maintenance Contract.

**MATERIAL HANDLING** - Multiply material handling charge percentage times total direct material charges to equal the indirect material charges.

\*MDOT repair facilities do not charge a handling fee. Only County Road Commissions have handling charges as established in contract agreement.

**OVERHEAD** – Multiply overhead rate by the direct costs.

\*For County Road Commission, the overhead rate is set by the county according to a formula in the State Trunkline Maintenance Contact.

**TOTAL INDIRECT COST** - Total of indirect labor charges plus indirect material charges plus indirect cost for overhead

**TOTAL COST TO REPAIR/REPLACE** -Total of the direct charges plus the total indirect charges.

\*\*Additional pages can be added to include more space for Labor, Equipment and Materials and a description of articles or service rendered. See additional pages online.

**SIGNATURE** – Individual completing form.

**TITLE** – Job title of individual completing form.