

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

Labor	INSTALLER BY SHOP IDENTIFIER NUMBER	DATES WORKED	HOURS	RATE	DIRECT LABOR CHARGES
DIRECT LABOR COST TOTAL					

Equipment	NUMBER OR DESCRIPTION	DATES WORKED	HOURS	RATE	DIRECT EQUIP. CHARGES
DIRECT EQUIPMENT COST TOTAL					

Materials	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)

TO BE FILLED OUT BY ARU ONLY	
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

Labor	INSTALLER BY SHOP IDENTIFIER NUMBER	DATES WORKED	HOURS	RATE	DIRECT LABOR CHARGES
	ENTER TOTAL ON PAGE ONE				
Equipment	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 3rd 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.

MDOT 0443 (01/13)

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 Contract.

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.