Washington State Department of Transportation

# Third Party Damages

| Complete Top Portion for New Group Number | | | | | |
|---|---|---|---|---|---|
| WSDOT Contract Number | | Contract Title | | | |
| Region | | Project Engineer | | Org Code | Submitted By |
| Date Report Completed | | Date of Incident (if known) | ☐ Initial Report ☐ Revised Report<br>Revised Report Reason: | | |
| State Route | Mile Post | Control Section | Increasing or Decreasing Direction<br>☐ Increasing ☐ Decreasing | | |
| Damage Code (choose code from list) | | Responsible Party<br>☐ Known ☐ Unknown | | Bid Item # | Group Number |

## Complete Bottom Portion after Group Number Created

Responsible Third Party (if known)

Name Address License Plate

Location of Incident

Description of Damage

**Contractor Payments (to include sales tax):** $

☐ Actuals ☐ Estimate

Indirect Cost
(Current WSDOT Rate) $

Enter as actual percentage, i.e. 9.7

Total Charges: $ 0.00

Distribution Instructions:

Complete top portion of form and send to:
hqorprojectsupport@wsdot.wa.gov

When received back with new group number complete the bottom portion and send to:
thirdpartydamages@wsdot.wa.gov
Region Construction Office (If Required)

*If the third party remains unknown, do not complete the bottom portion of the form.

# Instructions

## Complete Top Portion for New Group Number

Contract Number/Title: Enter Contract number and contract title

Region:  Enter Administering Region

Project Engineer: Enter Project Engineer name

Org Code: Enter Project Engineer organization number

Submitted By: Enter the name of the person sending this form for a new group. **This is also the only person who will receive correspondence when the group has been set up in CAPS.**

Date Report Completed: Enter date top portion of the form completed

Date of Incident (if known): Enter date the damage occurred

Initial Report/Revised Report – Indicate if this is the first report or if it is a revision.

Revised report reason – Enter the reason the report is being resubmitted (i.e. providing police report, providing actual costs, etc.)

State Route: Enter state route number where the incident occurred

Mile Post: Enter mile post number where the incident occurred

Damage Code (choose code from list): Select the entry that best describes what was damaged from the drop-down list available

Responsible Party: Check the appropriate box to indicate if the third-party is known or unknown

Bid Item No.: Enter the Third-Party Damages bid item number established in the Contract

Group Number: Enter the new group number set up for this incident

## Complete Bottom Portion after Group Number Created

**This portion of the form only needs to be completed if the third-party is known.**

**For unknown third-party damages, do not send the form to thirdpartydamage@wsdot.wa.gov**

Responsible Third-Party (if known)

Name: Enter the name of the person responsible for the damage

Address: Enter the address of the person responsible for the damage

License Plate Number: Enter the license plate number of the vehicle that caused the damage

Location of Incident: Provide any details available regarding the location of the incident beyond the state route and mile post.

- Nearest exit number and distance to it
- Any landmarks or adjacent businesses
- Proximity to other major roadways, such as state routes or Interstates

Description of Damage: Provide detailed description of the permanent work that was damaged, including lengths or specific items that need to be repaired or replaced.

Contractor Payments (to include sales tax):

- For actual costs – total the force account sheets paid to the Contractor and enter the total amount paid to repair the damage
- For estimated costs – complete an estimate and enter the total amount estimated to complete the repairs to the damaged work

Mark if the amount provided is “Actuals” or “Estimate” by checking the appropriate box

Indirect Cost (Current WSDOT Rate): Use the link provided on the form to look up the current WSDOT rate and enter the percentage – the form will automatically calculate the indirect cost.

Total Charges: The form will automatically calculate the total charges if the Contractor Payments and Indirect Cost percentage are entered

Follow the distribution instructions at the bottom of the form.