



To: Municipalities Providing Fire Service on State Highways

From: Kara McFerren, Bureau of Highway Maintenance

Subject: Eligibility and Process for Submitting Fire Claims

### **Program Purpose**

Wisconsin law provides a mechanism for local governments to recover up to \$500 of its costs for responding to fire calls on highways maintained by the state. This mechanism is intended to provide relief for those situations when fire services are required on the state highway right-of-way and the local government responsible for providing the service is unable to recover the costs for that service from the party receiving the service, or when the responsible party is unknown.

### **Eligibility**

Local governments in Wisconsin, except those villages with paid or combination fire departments, or cities with solely paid or solely volunteer fire departments, are eligible to receive reimbursement for up to \$500 in actual expenses for responding to calls for emergency fire services on highways under the state's jurisdiction. This means a **town** served by any type of fire department, a **village** served by a volunteer fire department, or a **city** served by a combination of paid and volunteer fire department is eligible for reimbursement. No other type of fire department for each respective type of municipality is eligible for payment.

Eligible highways include all state trunk highways, US highways, and the Interstate system. One exception is a connecting highway under the maintenance responsibility of a city or village. Fire calls on county roads (unless the county road is part of a marked detour from an eligible route) should be billed to the proper county per State Statute 60.557(1). Events which qualify for reimbursement **when within the right-of-way of an eligible route** include responding to:

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

Payments are for fire equipment responses for the above three eligible events only, not for ambulance equipment responses. Incidents on railroad tracks or property are not eligible.

Actual costs, up to the maximum of \$500 per qualifying event, may be reimbursed when fire equipment responds to any of these events for the expressed purpose intended even when the fire equipment is not actually used. However, when 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, the costs are not eligible for reimbursement.

**All local governments must make a good faith attempt to recover the costs for these emergency services from the insurers of the responsible parties and the individuals involved in the event.** The local government is required to seek reimbursement of the fire call costs from the insurers of the persons to whom the fire call was provided. If the individuals are not insured or if the local government is unsuccessful in its attempts to collect the costs of the fire call from the individuals' insurers, the local government should make a reasonable effort to collect the costs from the responsible individuals. Recoveries made through those efforts must be subtracted from the amount submitted for reimbursement. When the local government recovers the cost from the responsible party after the department reimburses the local government, the local government shall return the reimbursed amount collected to the department.

### **To Request Reimbursement**

Please complete the attached form (DT1725) for reimbursement of fire claims. All claims must be accompanied by sufficient supporting documentation to verify the fire call qualifies for reimbursement. Documents supporting a claim form include: the accident report; fire incident report and/or dispatch log; an accounting of the fire call costs; and invoices/ letters of attempts to collect payment from the insurer and responsible party. **Claims and supporting documentation must be submitted within one year of the qualifying incident to be eligible for payment.**

By statute, payment will be made to the municipality, not to the fire department.

If you have questions about completing the form or program requirements, please contact the program manager, Kara McFerren, Bureau of Highway Maintenance, at [kara.mcferren@dot.wi.gov](mailto:kara.mcferren@dot.wi.gov) or (608) 266-3870.

Additional forms are available at <http://wisconsindot.gov/Pages/global-footer/formdocs/default.aspx>



# STATE TRUNK HIGHWAY FIRE CALL CLAIM

Wisconsin Department of Transportation  
DT1725 4/2017

## Town, Village, or City Clerk

Pursuant to sections 60.557(2), 61.65(8), and 62.13(8) Wisconsin Statutes, a fire call claim may be made to the Department of Transportation for a fire or other qualifying event on a state trunk highway or other highways maintained by the Department. Fires which occur on a connecting street in a city or village that receives connecting highway aid are not eligible for reimbursement. The municipality must make a reasonable effort to collect the cost of a fire call from the insurer and person to whom the service was rendered and submit written documentation of the fire call and their collection efforts (e.g. accident reports, invoices, letters to responsible party and insurer). The Department of Transportation shall reimburse the municipality up to \$500 for the actual costs of an eligible fire call, even if equipment is not used, except when a fire department is routinely called out to all emergency calls as a matter of local policy and a qualifying event does not occur. Claims and documentation substantiating the fire call, costs, and collection efforts must be submitted within one year of the qualifying event to be eligible for payment.

- The claim must be filed by the municipality.
- Incomplete forms will be returned.
- Submit only one claim for each incident regardless of the number of vehicles or fires involved.
- If reimbursement for the fire call **has not been** made by an individual or their insurer, please complete this claim, attest to it by signing, and submit it to:

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

Or email: [Firecallclaims@dot.wi.gov](mailto:Firecallclaims@dot.wi.gov)

## 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)	Address		
Address	City	State	ZIP Code
City	State	ZIP Code	Name of Operator's/Owner's Insurance Company
Vehicle License Number	Uninsured Motorist		

## FIRE

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

I certify that I personally verified all the information provided on this form in support of this claim, and I confirm that it is true and correct; no portion thereof has been or will be paid by another. I also certify a reasonable effort has been made to collect from all responsible parties, including the insurer of the party responsible for the fire call.

Must be signed by the  
Clerk of the Municipality.

**X**

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(Signature – Town, Village or City Clerk)

(Date – m/d/yy)

# CLAIM INSTRUCTIONS FOR STATE TRUNK HIGHWAY FIRE CALL PROGRAM

Wisconsin Department of Transportation DT1725

## General Instructions

- Submit only one claim for each incident regardless of the number of vehicles or fires involved.
- Fill out all required information. Claim will be returned if information is missing.
- The claim must be submitted by the municipality.
- By statute, a **town** served by **any** type of fire department, a **village** served by a solely **volunteer** fire department, or a **city** served by a **combination** of a paid and volunteer fire department is eligible to receive reimbursement for their actual expenses up to \$500 per qualifying event. No other type of fire department for each respective type of municipality qualifies for payment.
- Actual costs, up to the maximum of \$500 per qualifying event may be reimbursed.
- For all types of municipal government, payment shall be made for qualifying incidents even if the fire equipment is not actually used, except for those municipalities where fire equipment is always called out as a matter of local policy whenever an emergency call is received and a qualifying event does not occur.
- Fire call events which occur on a connecting street in a city or village that receives connecting highway aid are not eligible for reimbursement.
- Fire calls on county roads (unless the county road is part of a marked detour from an eligible route) should be billed to the proper county per s. 60.557(1), Wis. Stats.
- Events on railroad tracks or property are not eligible for reimbursement.
- Events which qualify for reimbursement when within the right-of-way of an eligible route include:
  - Responding to extinguish a fire on a vehicle, structure or vegetation;
  - Responding to handle gasoline or other hazardous materials;
  - Responding to a request for extrication equipment to remove or attempt to remove individuals trapped in vehicles as the result of a crash on an eligible highway.
- Payments are for fire equipment responses for the above three eligible events, not for ambulance equipment responses.
- Reasonable efforts to collect the costs of the fire call directly from the insurer of the responsible party must be pursued and documented. Documentation of collection attempts from the responsible party must also accompany the claim form.
- **With your claim, provide evidence of the fire call, the costs, and attempts to collect payment.** Evidence should include: copies of the accident report, fire incident report and/or fire call log, documentation of the fire call costs, and invoices/letters to responsible individuals and insurance companies requesting payment. If possible, copies of written refusal to pay should also be included.
- Claims and supporting documentation must be submitted within one year of the qualifying incident to be eligible for payment.
- By statute, payment will be made to city/village/town only, not to the fire department.

## Specific Instructions For Each Question

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. Please indicate if the fire call documentation (e.g. accident 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 it has been 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 location of the fire call. Be specific. **Connecting Highway Aid:** Check the appropriate box.
7. **Date of Call:** Provide the date.
8. **Time of Call:** Provide the time and check AM or PM.
9. **Type of Call:** Describe the type of call. What burned? Cause of Fire, Accident, etc.
10. **Purpose of Fire Call:** Check the appropriate box. **Other:** If "Other" check the box and list the purpose of the call.

## CLAIM INSTRUCTIONS FOR STATE TRUNK HIGHWAY FIRE CALL PROGRAM *(continued)*

Wisconsin Department of Transportation DT1725

11. **Name of Fire Department Servicing Call:** Provide the name of the fire department.
12. **Fire Department Type:** Check the appropriate box. Wisconsin Fire Prevention Program (DSPA) pay status classification.
13. **Fire Equipment Called Out on All Emergency Calls as a Matter of Local Policy:** Check the appropriate box.
14. **Fire Equipment Was Used on Call:** Check the appropriate box and describe equipment if used.
15. **City-Village-Town:** Check the appropriate box and provide name of municipality.
16. **Collection Efforts:** Check the appropriate box(es) to confirm collection efforts with each party and provide all documentation of collections with insurer and responsible party.
17. **Municipality Address of Treasurer:** Provide address of Municipality Treasurer for sending reimbursement check.
18. **Municipality Tax Payer Identification Number:** Provide the Municipality's Federal Employer's Identification Number (FEIN).
19. **Amount of Claim:** Provide amount of claim. Maximum claim amount is \$500.
20. **Cost of Fire to Municipality:** Check the appropriate box and list the actual fire call cost to the Municipality.
21. **Signature:** Signature of the Town/Village/City Clerk. Signature of fire official or other party is not acceptable.

### **Fire Call Claim Reference Resources**

- Accident Report
- Wisconsin Circuit Court Access website ([wcca.wicourts.gov](http://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](http://safer.fmcsa.dot.gov))  
*(Motor Carrier Snapshot)*
- Wisconsin Commissioner of Insurance website ([oci.wi.gov](http://oci.wi.gov))  
*(Company Lookup feature may provide insurance company contact information.)*