

**LANE COUNTY  
RISK MANAGEMENT CLAIM FORM  
DAMAGED or LOST PROPERTY  
AUTO DAMAGE**

Use this form if Lane County employees damaged / lost your property or damaged your car.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. Date this happened: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

2. Type of incident:

**Road Paint: STOP!** Please use the **Road Striping Paint Damage Claim Form**

**Collision** (attach copy of DMV report)  **Pothole**  **Rock**  **Sanding/Resurfacing**

**Other Damage** [describe]: \_\_\_\_\_

3. Where did this happen?

a. Highway name and/or number: \_\_\_\_\_

b. Milepost marker or landmark(s): \_\_\_\_\_

c. Direction and distance to nearest town: \_\_\_\_\_

d. Other: \_\_\_\_\_

4. Did you contact a County department?  Yes  No

If yes, which department and with whom did you speak? a. Dept: \_\_\_\_\_

b. Name: \_\_\_\_\_ c. Phone: \_\_\_\_\_

5. Were there witnesses to the incident?  Yes  No In the car with you?  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***If the damage or loss you sustained does not involve a motor vehicle, skip to Question 15.***

6. Describe your car (if damaged by Lane County):

a. Year: \_\_\_\_\_ b. Make: \_\_\_\_\_ c. Model: \_\_\_\_\_

d. Color: \_\_\_\_\_ e. License Plate State/Number: \_\_\_\_\_

f. Registered Owner: \_\_\_\_\_

7. Describe the Lane County vehicle, if any, that caused the damage:

a. Year: \_\_\_\_\_ b. Make: \_\_\_\_\_ c. Color of vehicle: \_\_\_\_\_

d. License number: \_\_\_\_\_ e. Vehicle I.D. Number: \_\_\_\_\_

f. Type of vehicle (sedan, truck, mower, sander etc.): \_\_\_\_\_

8. If this happened on a road, was it a  Straight Roadway  Curve

9. Did you see any flashing lights or warning signs? \_\_\_\_\_

At what point did you see them? \_\_\_\_\_

10. Describe the weather conditions: \_\_\_\_\_

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11. What was your car doing in relation to the County vehicle?

- Passing    Following    Parked    Approaching from the opposite direction  
 Other (describe): \_\_\_\_\_

12. Direction and speed of vehicles:

- a. Direction you were traveling: \_\_\_\_\_ Speed: \_\_\_\_\_  
b. Direction County vehicle was traveling \_\_\_\_\_ Speed: \_\_\_\_\_  
c. Approximate distance between vehicles: \_\_\_\_\_

13. If your car was damaged from rocks or debris, where did they come from: (road surface, tires of vehicle, load, etc.): \_\_\_\_\_

14. Did you contact the County driver?  Yes    No   If known, please complete a, b, and c.

- a. Driver's Name: \_\_\_\_\_ b. Department: \_\_\_\_\_  
c. Driver's Phone Number: \_\_\_\_\_

15. **What else would you like us to know?**

Please send the following by mail, fax, or e-mail as shown below. **Be sure to include:**

- This completed **PROPERTY DAMAGE CLAIM FORM**;
- A written estimate from a business you would be willing to have repair your property if your claim is accepted.
- Photos of the damage (electronic format is preferred).

County staff does not call and request documents on your behalf, please be sure to include all requested documentation, failure to do so will delay claim determination. Please retain a copy of all documents you include, no documents will be returned.

Please return this form along with estimate and photographs of damage by mail, fax, or e-mail to:

LANE COUNTY RISK MANAGEMENT  
ATTN: Lisa Lacey  
125 E. 8th Avenue  
Eugene OR 97401

LCRISKMG@LANECOUNTYOR.GOV  
Fax: 541-682-9828

**Submission of this form does not indicate Lane County has accepted liability for your claim.  
All claims are investigated and you will be contacted by mail or e-mail within two weeks.**

**\*\* During times of high volume, responses may take longer. \*\***