

**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: _____

Continued on Page 2

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
Phone: 541-682-3971
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. ****