

**LANE COUNTY
RISK MANAGEMENT
ROAD STRIPING PAINT DAMAGE CLAIM FORM**

Use this form if you have road striping paint on your car.

Your Name: _____ Today's Date : _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ E-Mail: _____

1. Date this happened: _____ Time: _____ AM PM
2. Paint white yellow Driver Side Passenger Side Other: _____
3. Why did you cross the line?

4. Describe your car:
 - a. Year: _____ b. Make: _____ c. Model: _____
 - d. Color: _____ e. License Plate State/Number: _____
 - f. Registered Owner: _____
5. Where did this happen?
 - a. Highway name and/or number: _____
 - b. Address, Milepost marker or landmark(s): _____
 - c. Direction and distance to nearest town: _____
6. Roadway: Straight Curved
7. Were there flashing lights or warning signs? _____
At what point did you see them? _____
8. Describe the weather conditions: _____
9. Did you see the paint trucks? Yes No If yes, what was your car doing in relation to the paint vehicles? Passing Following Parked Approaching from the opposite direction
 Other (describe): _____
10. Did you contact the paint crew? No Yes - Name? _____
11. Did you contact a County department? Yes No
If yes, which department and with whom did you speak? a. Dept: _____
b. Name: _____ c. Phone: _____
12. Were there witnesses to the incident? Yes No In the vehicle with you? Yes No
Name: _____ Phone: _____
Name: _____ Phone: _____

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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 **ROAD STRIPING PAINT DAMAGE CLAIM FORM**;
- A written estimate from a detail shop where you would be willing to have your vehicle cleaned if your claim is accepted (detail shops can easily clean the water-based road striping paint from your vehicle; collision or paint shops may suggest repainting or using chemicals to clean the paint). Lane County does not pay to remove paint from the undercarriage or inside wheel wells on accepted claims.
- Photos of the paint on your vehicle (electronic format is preferred).

No documents will be returned.

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

LCRISKMG@co.lane.or.us

Fax: 541-682-9828

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