

**LANE COUNTY
RISK MANAGEMENT
PROPERTY DAMAGE CLAIM FORM**

Use this form if Lane County employees damaged your property.

Your Name: _____ Today's Date: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ E-Mail: _____

1. Date this happened: _____ Time: _____ AM PM

2. Type of incident:

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

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

Other Damage [describe]: _____

3. Describe your car:

a. Year: _____ b. Make: _____ c. Model: _____

d. Color: _____ e. License Plate State/Number: _____

f. Registered Owner: _____

4. 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.): _____

5. 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: _____

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

7. Did you see any flashing lights or warning signs? _____

At what point did you see them? _____

8. Describe the weather conditions: _____

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

Passing Following Parked Approaching from the opposite direction

Other (describe): _____

10. Direction and speed of vehicles:

a. Direction you were traveling: _____ Speed: _____

b. Direction County vehicle was traveling _____ Speed: _____

c. Approximate distance between vehicles: _____

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11. If your car was damaged from rocks or debris, where did they come from: (road surface, tires of vehicle, load, etc.): _____
12. Did you contact the County driver? Yes No If known, please complete a, b, and c.
 a. Driver's Name: _____ b. Department: _____
 c. Drive's Phone Number: _____
13. Did you contact a County department? Yes No
 If yes, which department and with whom did you speak? a. Dept: _____
 b. Name: _____ c. Phone: _____
14. Were there witnesses to the incident? Yes No In the car with you? Yes No
 Name: _____ Phone: _____
 Name: _____ Phone: _____

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 a business you would be willing to have repair your property if your claim is accepted.
- Photos of the damage (electronic format is preferred).

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@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.