

**LANE COUNTY
RISK MANAGEMENT
INJURY CLAIM FORM**

Use this form if Lane County employees injured you or you were injured on County-owned property.

Your Name: _____ **Date Reported:** _____

Mailing Address: _____ **City, State, Zip:** _____

Phone: _____ **E-Mail:** _____

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

2. Where did it happen:

Public Service Building/Courthouse [describe location]: _____

Public Works/Delta [describe location]: _____

County Park [which park?] _____ [describe location]: _____

Solid Waste Disposal Site [which site?] _____ [describe location]: _____

Other [describe]: _____

3. Did you see any flashing lights, warning signs, caution tape? _____

When did you see them? _____

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 your injury? Yes No

Witness 1:

a. Name: _____ b. Phone: _____

c. E-mail address: _____

Witness 2:

a. Name: _____ b. Phone: _____

c. E-mail address: _____

6. Did you receive medical treatment? Where? _____

Tell us what happened:

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

Please send the following by mail, fax, or e-mail as shown below (electronic format is preferred); **be sure to include:**

- This completed **BODILY INJURY CLAIM FORM**;
- Any medical records, reports, and/or invoices related to this injury
- Photographs of the injury and/or location of injury

Please return this form along with medical reports and any photographs of injury 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. You may be required to sign a medical release to allow Lane County to obtain medical records related to your injury.