

**LANE COUNTY  
RISK MANAGEMENT  
INJURY CLAIM FORM**

**Claimant's Name:** \_\_\_\_\_ **Date Reported:** \_\_\_\_\_

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

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

**Describe Injury:**

1. Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

2. Location of incident:

**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. Were there flashing lights, warning signs, caution tape? \_\_\_\_\_

At what point 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 the incident?  Yes  No

a. Name: \_\_\_\_\_ b. Phone: \_\_\_\_\_

c. Address: \_\_\_\_\_

a. Name: \_\_\_\_\_ b. Phone: \_\_\_\_\_

c. Address: \_\_\_\_\_

6. Additional information:

7. Please provide any medical reports and/or photographs of the 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.**