

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

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

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: _____

Continued on Page 2

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:**

- Completed 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).

County staff does not call and request documents on your behalf, please be sure to include all requested documentation. Please retain a copy of all documents you include, no documents will be returned.

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; your claim will be investigated and you will be contacted by mail or e-mail within two weeks.