

**LANE COUNTY
RISK MANAGEMENT
DAMAGE CLAIM FORM**

Claimant's Name: _____ **Date Reported:** _____

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

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

Describe Incident/Damages:

1. Date of incident: _____ Time: _____ AM PM

2. Type of incident:
 Collision (attach copy of DMV report) **Pothole** **Rock** **Sanding/Resurfacing**
 Road Paint white yellow Driver Side Passenger Side Other: _____

Why did you cross the line? _____

Other Damage [describe]: _____

3. Description of Claimant's vehicle:
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. Location of incident:
a. Highway name and/or number: _____
b. Milepost marker or landmark(s): _____
c. Direction and distance to nearest town: _____

6. Did the incident happen on a Straight Roadway Curve

7. Were there flashing lights or warning signs? _____
At what point did you see them? _____

8. Describe the weather conditions: _____
9. What was your vehicle doing in relation to the other vehicle?
 Passing Following Parked Approaching from the opposite direction
 Other (describe):
10. Direction and speed of vehicles:
a. Your vehicle direction: _____ Speed: _____
b. Other vehicle direction: _____ Speed: _____
c. Approximate distance between vehicles: _____
11. If your vehicle was damaged from rocks or debris, where did they come from: (road surface, tires of vehicle, load, etc.): _____
12. Did you contact the vehicle driver? Yes No If known, please complete a, b, and c.
a. Driver's Name: _____ b. Agency: _____
c. Work Phone: _____
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 vehicle with you? Yes No
a. Name: _____ b. Phone: _____
c. Address: _____
a. Name: _____ b. Phone: _____
c. Address: _____
15. Please provide one itemized, written estimate from a shop where you would be willing to have your vehicle repaired if your claim is accepted for payment (if this is a claim for removing road striping paint from your vehicle, please obtain your estimate from a detail shop).
16. Additional information:

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.