

**LANE COUNTY
OFFICE OF LEGAL COUNSEL
INJURY CLAIM FORM**

Claimant's Name: _____

Date Reported: _____

Address: _____

Phone: _____

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 OFFICE OF LEGAL COUNSEL
ATTN: Lisa Lacey
125 E. 8th Avenue
Eugene OR 97401

ThirdPartyClaims@co.lane.or.us

Fax: 541-682-3803

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.