

The information you provide to LGLP on this form is **privileged and confidential** per WRCPC 26(b)(3) and W.S. 1-42-206 and should not be disclosed as part of a public records request without review of counsel.

LOCAL GOVERNMENT LIABILITY POOL

QUESTIONNAIRE FOR INCIDENTS INVOLVING ROCKS, GRAVEL, FILL, DEBRIS, AND MOVING VEHICLES

Entity: _____ Claimant: _____
Date of Loss: _____ Location: _____

Employee Contact Info: Name: _____
Phone Number: _____
E-mail: _____

Was the person driving the vehicle an employee, (i.e. do you complete a W-2 and have supervisory authority over him/her)? **Yes No**

If "no", was the driver a volunteer? **Yes No**

Did you hire the employee *via* a federal/state program? **Yes No**

Was the vehicle fully loaded at the time of the incident? **Yes No**

If you answered "yes", was the load covered? **Yes No**

Was the tailgate of your vehicle or trailer securely fastened? **Yes No**

Were the railings of your vehicle and/or trailer, along with any vehicles that were loaded onto the trailer swept clean of any rock/fill? **Yes No**

(If you answered "No" to the above question, please implement a procedure that all railings, running boards, tailgate(s) and tires are swept clean of rock and gravel after loading and unloading each load in the future).

What type of material was being transported in the vehicle and for what purpose, (i.e. road maintenance)? _____

Do you feel your employer or employee's actions were responsible for the damages for this loss? Yes No

Please explain: _____

PLEASE FORWARD WRITTEN STATEMENT FROM EACH EMPLOYEE THAT WAS INVOLVED IN THIS INCIDENT. THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM AND SUPPLYING THE INFORMATION NECESSARY FOR US TO PROPERLY INVESTIGATE THIS CLAIM.

Signature of Person Completing Form

Title

Please return to: LGLP
6844 Yellowtail Road
Cheyenne, WY 82009
(888) 433-1911
Fax: (307) 638-6211
E-mail: lglp@lglp.net