

The information you provide to LGLP on this form is **privileged and confidential** per WRCP 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, WEED TRIMMERS, AND MOWERS

Entity: \_\_\_\_\_ Claimant: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_ Location: \_\_\_\_\_

Employee Contact Info: Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Was the piece of equipment in good operating order? **Yes No**

If you answered "No," please explain: \_\_\_\_\_  
\_\_\_\_\_

Were safety devices in place and undamaged (i.e. deflection devices)? **Yes No**

If you answered "No," please explain: \_\_\_\_\_  
\_\_\_\_\_

**(If you answered "No" to the above question, please implement a procedure that all deflection shields and other safety items are routinely checked and replaced, if needed, in the future). Also, please supply photos of the piece equipment involved in the accident.**

Was the mowing and/or weed trimming being performed in an area that contained gravel? **Yes No**

While mowing or weed trimming, was the direction of the discharge pointed towards the claimant's property? **Yes No**

Was the work being done with the flow of traffic or against traffic? \_\_\_\_\_

Do you feel your entity or actions of your employee(s) 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](mailto:lglp@lglp.net)