

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 SWEEPERS

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* Experience Works or another federal or state program? **Yes No**

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).**

Was the sweeping being performed in an area that contained gravel? **Yes No**

While sweeping, 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? **Yes No**

Do you feel your entity or actions of your employee(s) were responsible for the damages for this loss? **Yes No**

Please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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: [lgp@lgp.net](mailto:lgp@lgp.net)