

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

VEHICLE ACCIDENT QUESTIONNAIRE

Entity: _____ Claimant: _____

Date of Loss: _____ Location: _____

Employee Contact Info: Name: _____

Phone Number: _____

E-mail: _____

PLEASE FORWARD WRITTEN STATEMENT(S) FROM THE EMPLOYEE(S) THAT WERE INVOLVED AS A DRIVER OR A PASSENGER IN THIS ACCIDENT.

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 some other federal or state program? **Yes No**

Was the employee driving their own personal vehicle? **Yes No**

Was the claimant's vehicle towed? **Yes No**

If "yes," by who? _____

Was anyone injured? **Yes No**

Was anyone taken by ambulance to the hospital for treatment? **Yes No**

Who? _____

If "yes," were they provided a Notice of Claim form? **Yes No**

Please explain what duty was the employee performing while driving the vehicle that was involved in the accident? _____

Has the employee been involved in any other traffic accidents while "on duty" for your organization? **Yes No**

If you answered "yes," please explain circumstances and list the dates or prior accidents. _____

Do you feel your entity or employee's actions 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