

Damage Claim form

Off-Highway Vehicle (OHV) Damage Account

Minnesota Statute 84.780 provides funding for damage resulting from the illegal use of off-highway vehicles. To receive compensation, the following conditions must be met:

1. The damage must be caused by the operation of off-highway vehicles (ATVs, OHMs, ORVs).
2. The damage must have occurred after August 1, 2003 in an unpermitted area.
3. Reasonable efforts must have been made to identify responsible parties, obtain restitution for damages and to prevent recurrence or additional damage.

Supporting documentation is REQUIRED. Claims may be denied if one or more of the above conditions is not met.

Section 1: Applicant information

Name:

Mailing Address:

Phone Number:

Contact Person (if different):

Mailing Address:

Phone Number:

Are you the property owner? Yes No

If no, describe your relationship to the property owner:

Section 2: Information about the damage

Date of Damage

Date Reported

Location of damage (please include a map or photos if available)

Section Township Range

County

Briefly describe the type and extent of damage: (Example: Soil rutting, erosion, trampled fencing for approx.150')

Is OHV use permitted where the damage occurred? Yes No If yes, describe:

Do you know who is responsible for causing this damage? Yes No If yes, provide operator name, address, vehicle description (brand / model / color), license #. or other identifying features.

If yes, have you attempted to obtain payment from the responsible party? Yes No

If yes, have you negotiated an agreement on payment? Yes No

If yes, has a case been submitted to conciliation court or district court? Yes No

Total cost estimate for repairing the damage. \$

Have you taken steps to prevent reoccurrence of the damage? Yes No

If no, explain why not:

If Yes, check all that apply:

Posted 'No Trespassing' signs at: property corners ingress/egress points 500-ft intervals (wooded) 1000-ft intervals (clear) When were these signs posted? Date:

Installed a barrier and/or fence. Yes No

Other measures? Please list:

Is the damage all OHV-related? Yes No. If no, describe other possible sources of damage:

Is the damage directly impacting a wetland, stream, lake or river? Yes No. If yes, identify the name and/or approximate location of the lake, stream, river or wetland:

Civil or Criminal Citation. Have law enforcement personnel been contacted? Yes No. If yes, provide the following information about the case: (if available):

Case or Citation # *Issuing Agency:* *Officer Name/Badge #:*

Has restitution been negotiated with the responsible party? Yes No

Has restitution been ordered as a result of criminal and/or civil proceedings? Yes No

If yes to either, has the restitution been collected and applied to the damage? Yes No. If no, explain why not:

Section 3: Applicant certification

I hereby attest that the above information is complete and accurate. I grant the DNR, or its authorized agent, a temporary, non- exclusive license to access said property for the purpose of inspecting damages described in Sect. 1 of this application. I certify that I am aware of any hazardous conditions on the property described herein.

Property Owner's [or Agents] Signature Date

Signature of Preparer [if other than Property Owner] Date

Do you wish to be notified of and/or be present during the site visit? Yes No Yes to both.

Please provide all requested documentation. Attach additional pages as necessary. This may include maps, photos, photocopies of correspondence or legal documents, notarized affidavits, police investigative reports, etc. Submit the completed application to the DNR Division of Parks and Trail Office nearest to where the damage occurred. Call (651) 259-5666 or 1-888-MINNDNR to locate the Parks and Trails office nearest the claim location, or visit www.dnr.state.mn.us for more information.

Department approvals

I have inspected and reviewed this damage claim and hereby attest that the above information is reasonably accurate and complete.

PAT Area Supervisor Signature

Date

PAT Regional Manager Signature

Date