

# DAMAGE CLAIM FORM

## OFF-HIGHWAY VEHICLE (OHV) DAMAGE ACCOUNT

M.S. 84.780 [Effective 8/02/03 to 6/30/08]

Claim I.D. \_\_\_\_\_

Tracking # \_\_\_\_\_

**NOTE:** M.S. Ch. 84.780 stipulates the following conditions for claims on the Off-Highway Vehicle Damage Account:

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 unmet.

### Section 1. APPLICANT INFORMATION [ To be completed by applicant ]

Name / Mailing Address	Date of Damage	Date Reported
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Phone:	Location of Damage	
Contact Person (if not same)      Name / Address / Phone:	Sect. _____ Twnshp _____ Rge _____  County _____ <i>Please attach a map or photos if available.</i>	

Are you the property owner? Yes\_\_\_No\_\_\_ If no, describe relationship to Property Owner:

Note: Claims may be denied if DNR is unable to gain access to the site for any reason.

### Section 2. INFORMATION ABOUT THE DAMAGE [ To be completed by applicant - attach additional pages as necessary ]

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. \$ \_\_\_\_\_

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**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?** Y\_\_\_ N\_\_\_

**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 [ To be completed by applicant ]**

*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 [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 Trails and Waterways Office nearest to where the damage occurred. Call (651) 259-5666 or 1-888-MINNDNR to locate the DNR office nearest the claim location, or visit [www.dnr.state.mn.us](http://www.dnr.state.mn.us) for more information.*

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<b>Section 4. DEPARTMENTAL APPROVALS [ FOR DNR USE ONLY]</b>	
<i>I have inspected and reviewed this damage claim and hereby attest that the above information is reasonably accurate and complete.</i>	
<i>T&amp;W Area Supervisor Signature</i>	<i>Date</i>
<i>T&amp;W Regional Manager Signature</i>	<i>Date</i>