

Report of Loss Allegedly Caused by Use of Insecticides, Herbicides, Fungicides and other Pesticides

TO: OREGON DEPARTMENT OF AGRICULTURE
PESTICIDES DIVISION
635 CAPITOL ST NE
SALEM OR 97301-2532

1. Date of claimed pesticide application: April 30, May 8, May 20, 2009
2. Date of loss (or discovery of damage): _____
3. Pesticide used or product name: Foray 48B
4. Claimant's property or crop allegedly damaged (name crop, i.e., ornamentals, pasture, animals, persons, etc.; and if person, name, address and phone number of health professional involved): _____

5. Is claim due to pesticide non-performance (failure to control insects, weeds or other pests)? YES NO
6. If damage to growing crop, has 50% of crop been harvested? YES NO
7. Who made the pesticide application (check one): Commercial Operator Farmer or Forester Unknown
 Other (specify) _____

Name: Farm and Forest Helicopter Service, Inc.

Address: Post Office Box 404

City, State, Zip: Napavine, WA 98565

Phone: Phone=360-262-3197; FAX =360-262-3116

8. Government Agency for whom pesticide was applied:
- Name: Oregon Department of Agriculture
- Address: 635 Capitol Street NE
- City, State, Zip: Salem, OR 97301-2532
- Phone: 503-986-4635

9. Suspected cause or source of damage (mark all appropriate):
 Ground application Air application Neighbor spraying Other _____

10. Statement of facts concerning pesticide use and claimed damage:
- Time of day: _____
- Weather: _____
- Age or stage of maturity of damaged property at time of alleged damage: _____

11. History of pesticides, fertilizers, and other chemicals used by you or the previous occupant on damaged site (attach additional sheets if necessary): _____

12. Have other investigators observed the damage? YES NO
- Name(s): _____
- Affiliation: _____

13. *The above information is true and correct to the best of my knowledge and I understand the Oregon Department of Agriculture may investigate this claim of loss in order to determine the extent and nature of damage allegedly caused. I agree to allow the said Department reasonable access to any of my property or records in order to carry out these activities.*

Signature: _____ Date: _____

Print Name: _____

Address: _____

City, State, Zip: _____

Phone: _____