



Incident/Injury Report

COMPLETE AND RETURN TO:

**Risk Manager Human Resources • 435 Ryman • Missoula MT 59802
(406) 552-6278 • Fax (406) 327-2169 • Email DepartmentH@ci.missoula.mt.us**

NOTE: FILING OF THIS REPORT DOES NOT INDICATE THE CITY OF MISSOULA ACKNOWLEDGES LIABILITY. THIS PROCEDURE ALLOWS ANYONE THE OPPORTUNITY TO FILE A CLAIM WITH THE CITY THROUGH THE MONTANA MUNICIPAL INTERLOCAL AUTHORITY (MMIA), THE CITY'S RISK POOL. MMIA WILL INVESTIGATE ALL CLAIMS AND DETERMINE THE CITY'S LIABILITY, IF ANY. AT THE END OF ITS INVESTIGATION, MMIA WILL CONTACT YOU DIRECTLY REGARDING THE OUTCOME OF ITS INVESTIGATION.

Claimant(s): _____ Email: _____

Date of Birth: _____ Driver's License #: _____

Mailing Address: _____ Home/Cell Phone: _____

City, State, Zip _____ Work Phone: _____

Date of Incident/Injury: _____ Time of Incident/Injury: _____

Address Where Incident/Injury Occurred: _____
City/State/Zip _____

Describe Incident/Injury: _____

Are you making a claim for injury/damage against the City of Missoula? Yes No

Did you seek medical care? Yes No

If Yes, please identify hospital/physician: _____

Were emergency services called? Yes No

If Yes, what agency responded: _____

Witness: _____

Address: _____
City/State/Zip _____

Home/Cell Phone: _____ Work Phone: _____

Witness: _____

Address: _____
City/State/Zip _____

Home/Cell Phone: _____ Work Phone: _____

*Please attach any witness statements. Also, if you have pictures please attach in an envelope (pictures will not be returned) or you may send digital photos by email to DepartmentH@ci.missoula.mt.us.

Additional Information:

Date

Signature of Reporting Party

OFFICE USE ONLY

Today's Date: _____ Date Incident Reported:

City Employee(s):

City Department: _____ Department Phone: _____

City of Missoula Location No. 081