



# 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](mailto: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](mailto:DepartmentH@ci.missoula.mt.us).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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<b>OFFICE USE ONLY</b>	
Today's Date: _____	Date Incident Reported: _____
City Employee(s): _____	
City Department: _____	Department Phone: _____
<b>City of Missoula Location No. 081</b>	

City Employee(s): \_\_\_\_\_

## City of Missoula Location No. 081