



City of Kalispell

INCIDENT REPORT

Human Resource's Phone: 406-758-7757 Fax: 758-7847

- **Note: Injured employees use: "Employees Report of Job Related Injury / Illness" Form.**
- **All collisions that result in personal injury or damage involving City vehicles or persons on duty and actively engaged in City business are to be investigated by a law enforcement agency immediately.**

PLEASE PRINT!

Employee Filing Report:	Payroll #:	Department(s) Involved:	Date & Time of Report:
Accident: Theft: Vandalism: Other:	Employee's Supervisor:		
Date & Time of Incident:		Date & Time Supervisor Notified:	
Weather Conditions:			
Specific Location / Address:			
Description of incident:			
Was there damage to City property?	Yes	No	
Was there damage to private property &/or injury to a private citizen?	Yes	No	
If yes to either question, did law enforcement investigate?	Yes	No	
If applicable, Officers Name:		Case Report Number:	

INFORMATION FOR INJURY AND/OR PROPERTY DAMAGE

Describe injuries &/or damage to property &/or equipment (if applicable include: License #, VIN, Year, Make, Model)			
Estimated Property Damage Amount:			
If Applicable, Legal Owner's Name of Damaged Property and/or Name of Injured Party and their mailing address:			
Telephone Numbers: Home:	Work:	Cell:	
Witness 1: (Include name, address and phone)		Witness 2: (Include name, address and phone)	

Signature of employee filing report

Date

NOTE: ONCE COMPLETED FORWARD ORIGINAL TO HUMAN RESOURCES IMMEDIATELY!

