



# 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: <input type="checkbox"/> Theft: <input type="checkbox"/> Vandalism: <input type="checkbox"/> Other: <input type="checkbox"/>			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 <input type="checkbox"/>	No <input type="checkbox"/>
Was there damage to private property &/or injury to a private citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either question, did law enforcement investigate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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!**

