City of Missoula Incident Report

PLEASE FILL OUT REPORT COMPLETELY AND LEGIBLY-RETURN TO SUPERVISOR

☐ Occupational Injury/Illness ☐ Vehicle/Equipment Damage/Accident ☐ Other: _____

Date of Incident: _____ Time of Incident: _____ Date Reported: _____

Exact Location of Incident (address/intersection/area): _____

Name & Position of Employee Reporting the Incident: _____

All Equipment Involved-Type & Unit Number: _____

Was a Police Report taken? If so, by which Agency, Report #: _____

Describe the incident in detail (What happened? Who was there?):

Were photos taken? (circle) Yes / No
Where can they be found? _____

Did an injury occur? (circle) Yes / No Was care provided? (circle) Yes / No

Describe what part of the body was injured: _____

Name and address of medical provider: _____

LIST NAMES OF ALL PEOPLE PRESENT DURING OR AFTER THE INCIDENT:
NAME & PHONE # (IF CITIZEN)

_____ _____
_____ _____
_____ _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SCAN ALL COMPLETED FORMS TO departmenth@ci.missoula.mt.us