



**City of Columbia Falls  
130 6<sup>th</sup> Street West  
Columbia Falls, MT 59912  
Incident/Accident Report**

Date of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Approximate Time of Day: \_\_\_\_\_ A.M. \_\_\_ P.M. \_\_\_

Claimant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**If incident occurred outside, what were the weather conditions:**

Sunny\_\_\_ Cloudy\_\_\_ Raining\_\_\_ Snowing\_\_\_

Other \_\_\_\_\_

**Type of Incident/Accident: (check all that apply)**

Bodily Injury (public) \_\_\_ City Building and Appurtenances Damage \_\_\_

Property Damage \_\_\_ City Inventory Damage/Loss \_\_\_

Details of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of injury or description of property loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of damage or loss: \$ \_\_\_\_\_

If Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Recommendation for Corrective Action: \_\_\_\_\_

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Report Prepared by: \_\_\_\_\_ City Employee: Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_