



# Vehicle Crash Report

COMPLETE AND RETURN TO:

City Attorney's Office • 435 Ryman • Missoula MT 59802  
(406) 552-6020 • Fax (406) 327-2105 • Email [attorney@ci.missoula.mt.us](mailto:attorney@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 INSURANCE CARRIER. 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) \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Vehicle Crash: \_\_\_\_\_ Time of Vehicle Crash: \_\_\_\_\_

Address Where Vehicle Crash Occurred: \_\_\_\_\_

Vehicle Unit No. : \_\_\_\_\_

Please check all applicable boxes:

Weather Conditions:  Raining  Snowing  Sunny/Good

Visibility:  Clear  Fog

Road Conditions:  Icy  Dry  Wet  Snow Covered

Describe Vehicle Crash in Detail: \_\_\_\_\_

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

License Plate No: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Vehicle Owner: Same \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Were any Injuries Sustained in Vehicle Crash? Yes  No

If Yes, briefly describe injuries:

\_\_\_\_\_

\_\_\_\_\_

Did you seek medical care? Yes  No

If Yes, please identify hospital/physician:

\_\_\_\_\_

Was law enforcement called to vehicle crash? Yes  No

If Yes, what agency responded:

\_\_\_\_\_

Witness:

\_\_\_\_\_

Address:

\_\_\_\_\_

Home/Cell Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Witness:

\_\_\_\_\_

Address:

\_\_\_\_\_

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 [attorney@ci.missoula.mt.us](mailto:attorney@ci.missoula.mt.us).

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Date



Signature of Reporting Party

**OFFICE USE ONLY**

Today's Date: \_\_\_\_\_

Date Incident Reported: \_\_\_\_\_

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

City Department: \_\_\_\_\_

Department Phone: \_\_\_\_\_

**City of Missoula Location No. 081**