



**NOTICE OF LOSS OR CLAIM**

Please complete all information requested below. Do not leave any information blank – if something does not apply, please fill in “N/A.” Attach any additional information you may have (for example: accident reports, attorney’s correspondence, testimony/witness reports, etc.) that will enhance the information submitted. Thank you!

- 1. Date of this NOTICE: \_\_\_\_\_
- 2. Department Name: \_\_\_\_\_
- 3. Claimant’s Name: \_\_\_\_\_
- 4. Date of Loss: \_\_\_\_\_
- 5. Date of Claim: \_\_\_\_\_
- 6. Claimant Information (i.e., age, job, family, other pertinent information)  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Description of Accident/incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Location of Accident/ Incident: \_\_\_\_\_
- 9. Injuries and/or damages: \_\_\_\_\_
- 10. Claimant Attorney Name, Firm & Location: \_\_\_\_\_
- 11. Is the investigation complete?    YES            NO
- 12. If no, what investigation activity remains? \_\_\_\_\_
- 13. Action Plan and/or additional comments: \_\_\_\_\_
- 14. Please list any attachments that are a part of this NOTICE: \_\_\_\_\_
- 15. Name of person submitting this NOTICE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

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