



# City of Northglenn Incident Report

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(Please type or print)

**Return completed report to:**

City of Northglenn  
Risk Management  
11701 Community Center Dr  
Northglenn CO 80233

**Name of Person Filing Incident Report:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Describe the incident**

**Date and Time:** \_\_\_\_\_

**Address or Location of the incident:** \_\_\_\_\_

**Details of the incident:**

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

**Describe the injury or damages (Please attach copies of statements, bills & reports)**

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

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

The City does not by furnishing or accepting this incident report or any attached documents admit any liability for injury or damages arising out of the incident described herein. This Incident Report will be forwarded to the City's Risk Management for information purposes only. The City will not take any further action relating to this Incident Report. This Incident Report does NOT comply with, nor is it intended to comply with the notice requirements of the Colorado Governmental Immunity Act, CRS 24-10-101.