



Request for Incident Report

Date of occurrence:	Approximate Time:
Type of incident:	
Location of incident:	

I certify the following (check appropriate boxes) applies to me:

- A victim involved in the incident described above.
- An authorized representative of a victim named in the incident. Note: If you are acting on behalf of the victim involved in the incident, you must have an original waiver signed by that person authorizing you to obtain the information – it cannot be a copy or FAX.
- A representative of an insurance carrier against which a claim has been or might be made (i.e., for a paramedic report you must have an original waiver signed by the person authorizing you to obtain that information).

Name of Insurance Co.: _____
Policy Holder's Name: _____
Policy Claim Number: _____

- Interview Fire Personnel (names/shift) _____

- Other (please explain) _____

I declare under the penalty of perjury that the above information is true and correct.

Print Name:	
Address:	
Telephone:	CDL:

Signature of Requestor _____

Department Use Only

Date of Request _____

Incident # _____

- Approved Denied

Records Signature _____ Date: _____