



INCIDENT REPORT REQUEST FORM

NEWPORT BEACH FIRE DEPARTMENT

100 Civic Center Drive
Newport Beach, CA 92660
949-644-3355 Fax 949-644-3120

(Allow approximately 10 days for processing)

TYPE OF INCIDENT

FIRE

* MEDICAL

**Note as to Medical Records Only: Valid identification is required for release of medical records. If someone other than the patient is requesting copies of medical records, a "Medical Records Release Form" is required to be signed and dated by the patient or a subpoena must be issued prior to releasing copy of medical records. If the patient is deceased, a copy of the death certificate must be provided by the legal beneficiary or personal representative as listed on patient's estate or will. Medical records cannot be emailed as e-mail is not secured. Fire incident reports can be emailed.*

INCIDENT NUMBER (If known)	
DATE OF INCIDENT	
LOCATION OF INCIDENT	
IF MEDICAL, PATIENT NAME	

Requestor's Name (print) _____

Requestor's Signature _____

Date of Request _____

Date Picked Up Report _____

Phone # _____

Cell # _____

Email Address _____

Mailing Address _____

FIRE ADMINISTRATION ONLY

Non-exempt, non-privileged, disclosable public records were located, and have been produced as noted above.

Date Completed: _____

Completed By : _____

Provided PDF Format

No charge

PRAR & Fire Report Deposit

01040404-511035-FDP016

Subpena & Medical Report Deposit

01040404-521020-FDP013

Medical Records Only:

Authorization to Release Form Yes _____ No _____

Death Certificate and/or Power of Attorney Yes _____ No _____