



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.*

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

Requestor's Name (print) _____

Requestor's Signature _____

Date of Request _____

Picked Up Report _____

Email: _____

Mail to Address: _____

FIRE ADMINISTRATION ONLY

On _____ non-exempt, non-privileged, disclosable public records were located, and will be made available upon payment of **\$6.00** which represents the cost for duplication as set forth in Resolution 87-82. Checks should be made payable to the City of Newport Beach.

Fee Paid: Yes___ No___ Date Completed: _____ Completed By : _____

PRAR & Fire Report Deposit 01040404-511035-FD016

Subpena & Medical Report Deposit 01040404-521020-FD013

Medical Records Only:

Release Form: Yes___ No___

Death Certificate: Yes___ No___

Subpena Issued: Yes___ No___