

MOUNTAIN VIEW FIRE DEPARTMENT

REQUEST FOR INCIDENT REPORT

Please read information on page 2 or this form before completing

Incident Date: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Incident Type:  Fire  Medical  Hazardous Materials  Other

PERSON AND BUSINESS OR AGENCY REQUESTING REPORT

Name (first, middle initial and last): \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

IF FIRE INCIDENT

- I am requesting the incident report
 I am requesting the fire investigation report when it is available

REQUESTING PARTY IS THE \*

- Owner  Patient
 Owner's Insurance Agent  Patient's Legal Guardian
 Owner's Attorney  Patient's Legal Representative
 Owner's Tenant  Patient's Insurance Agent
 Occupant/Tenant's Insurance Agent  Patient's Attorney
 Occupant/Tenant's Attorney  Patient's Spouse
 Beneficiary of Deceased Patient  Other \_\_\_\_\_

FOR INSURANCE COMPANY REPRESENTATIVE

Insurance Company Name: \_\_\_\_\_

Person(s) you represent: \_\_\_\_\_

Policy/Claim Number: \_\_\_\_\_

------(For Office Use Only)-----

- Photocopy of patient's/authorizing party's identification attached (all medical information)
 Authorization for release attached (medical information release as required)
 Self-addressed, stamped envelope attached
 Check attached (see page 2 of this from for required fees)

Incident Number: \_\_\_\_\_

Received by (print Name): \_\_\_\_\_

Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by (Fire Dept. Rep's Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR INCIDENT REPORT – INSTRUCTIONS

Mail requests and Checks to:

Mountain View Fire Department  
1000 Villa Street  
Mountain View, CA 94041-1295  
Telephone: 650-903-6365

**Please include a self-addressed stamped envelope.**

### General Information

**FEE:** \$8.00 for Fire Incident Report, \$8.00 for Patient Care Report and & \$11.00 for Fire Investigation Report. All related fees must be paid before a request can be released. Make check payable to the City of Mountain View.

**\*Medical Incident Reports** – Medical information is strictly confidential and cannot be released to anyone other than the patient unless the patient has signed a release of information document authorizing the second party to obtain the medical incident report. Patient will be required to present a valid identification. A copy of this identification will be attached to your request for our files. Authorization requirements for medical information release are available upon request.

*Requests for medical records of deceased patients require for verification a copy of the death certificate, evidence of next of kin status, evidence of executorship of the estate or appointment by a court to settle the deceased person's affairs as applicable.*

To receive your report by mail, Please enclose a self-addressed stamped envelope. Otherwise, you will be notified when your report is ready for pick up. A RESPONSE CAN TAKE UP TO 10 WORKING DAYS.

Completing This Form

**YOU CAN DOWNLOAD AND COMPLETE THIS FORM ELECTRONICALLY USING THE ACROBAT READER, AND THEN PRINT IT OR YOU CAN PRINT THE FORM AND COMPLETE IT MANUALLY.**

**PLEASE PRINT ALL INFORMATION.** Provide the date and the address where the incident occurred. Indicate whether the incident involved a fire, medical assistance, hazardous materials or something other than the three types listed.

Print your first, middle and last name (Name of requesting party). If applicable, print the name of the business or agency you represent and mailing address. If you are requesting a fire incident report, indicate whether you are also requesting a fire investigation report. Please note that fire investigation reports take longer to prepare; therefore, you may want to inquire about its availability before filling this form. Indicate your relationship with or involvement in the incident as the requesting party. If you represent an insurance company, give the name of your insurance company, the name of the person you represent, and the policy/claim number.