



SIERRA MADRE FIRE DEPARTMENT

242 W. Sierra Madre Blvd., Sierra Madre, CA 91024 | Phone: (626) 355-3611 | Fax: (626) 355-3611

Incident Report Request Form

The information requested below must be completed in full. Requests without the required information or fee will be returned to sender. If you do not have the necessary incident information, you may contact the Sierra Madre Fire Department at (626) 355-3611. An Incident Report Fee must accompany each request. Fees can be found in the City's current [Fiscal Year Fee Schedule](#). All fees must be in the form of check or money order payable to the City of Sierra Madre.

I am requesting the following:

- Incident Report
- EMS Report

EMS Incident Reports & HIPAA Authorization Forms

A valid photo ID is required for release of medical records. If a party other than the patient is requesting copies of medical records, an Authorization for Release of Protected Health Information form is required to be signed and dated by the patient or legal guardian; or a subpoena must be issued prior to releasing copies 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 the patient's estate or will. If the requester is a legal guardian of a minor, the requestor must provide proof of legal guardianship (and photo identification).

Requested Information (Please write clearly):			
Requestor Name: _____			
Street: _____			
City: _____	State: _____	Zip: _____	
Telephone: _____	Email: _____		
Incident Date: _____	Incident Time: _____		
Incident Address: _____			
Type of Incident: _____			
Requestor Signature: _____		Date: _____	
<input type="checkbox"/> Pick Up Report	<input type="checkbox"/> Fax: _____		
<input type="checkbox"/> Mail to Address: _____			

Please return this form, a check or money order, along with a valid HIPAA Authorization Form and ID (if applicable) in person or by mail to:

Sierra Madre Fire Department
242 W. Sierra Madre Blvd.
Sierra Madre, CA 91024

Department Use Only			
Incident Number: _____	Date Received: _____	Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____
Medical Records Only:			
<input type="checkbox"/> Photo ID	<input type="checkbox"/> HIPAA Release	<input type="checkbox"/> Subpoena Issued	<input type="checkbox"/> Death Certificate <input type="checkbox"/> Proof of Guardianship