

City of St. Marys Fire Department

Request Form for Fire / EMS Incident Report



I am requesting the City of St. Marys Fire Department record types selected below:

- [] **INCIDENT REPORT.** Report created by the Incident Commander that complies with the rules of the National Fire Incident Reporting System (NFIRS).
- [] **FIRE INVESTIGATION REPORT.** Not all fires will have a Fire Investigation Report. Depending on the incident complexity and other factors a report may not be completed for weeks or months.
- [] **EMS/MEDICAL REPORT.** A patient authorization form is required if report contains confidential medical information and is requested by any party other than the patient or a court ordered subpoena of records. Court Orders do not require additional information, however, patient's **MUST** provide photo identification before the report can be released. A copy of their photo ID shall be attached to the completed Fire/EMS Incident Request Form.

The information requested below must be completed in full. Requests without the required information will be returned to sender.

Please note: All incident report requests are processed within seven (7) business days upon receipt. The Department may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

Please write clearly:

Requestor Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Incident Date: _____ Incident Time: _____

Incident Address: _____

Type of Incident: _____

Comments: _____

Requestor Signature: _____ Date: _____

Please return this form to:

Medical report requests: must include this form, a valid HIPAA Authorization and supporting documentation by the patient (if applicable) to:

City of St. Marys Fire Department
Attn: Records
222 Indiana Avenue
St. Marys, OH 45885
Or email to: dayers@cityofstmarys.net

Fire Department Use Only Incident	
Incident #:	_____
Date Rcv'd:	_____
Initials:	_____