



# Rio Vista Fire Department

Standard 2.1

## Request Form for Fire/EMS Incident Report

Associated Form #1 with FD Policy A-010

I am requesting the Rio Vista Fire Department record type(s) 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, patients **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. If you do not have the necessary incident information, you may contact the Rio Vista Fire Department at (707) 374-2233 or by email at: [RVFD@ci.rio-vista.ca.us](mailto:RVFD@ci.rio-vista.ca.us)

**Please note:** All incident report requests are processed within seven (7) business days upon receipt. It is our policy to fulfill record requests within 10 business days of the incident date. 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: \_\_\_\_\_

**Hold for pickup**

**Mail Report**

Please return this form to:

Rio Vista Fire Department  
Attn: Report Request  
350 Main Street  
Rio Vista, CA. 94571

<b>Fire Department Use Only</b>	
Incident #:	_____
Date Rcv'd:	_____
Initials:	_____

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

**This is the only page required for a Fire Report.**

**If you do not require a medical report, stop here and do not continue with the Medical forms.**