



INCIDENT REPORT REQUEST FORM

NEWPORT BEACH FIRE DEPARTMENT
100 Civic Center Drive
Newport Beach, CA 92660
Office: 949-644-3355

Submit your request by Fax: 949-644-3120 or US Regular Mail

TYPE OF INCIDENT FIRE * MEDICAL

INCIDENT NUMBER	
DATE OF INCIDENT	
LOCATION OF INCIDENT	
IF MEDICAL, PATIENT NAME	

Requestor's Name (print)

Requestor's Signature

Date of Request

Phone # _____ Cell # _____

Date Picked Up Report _____

Email Address _____

Mailing Address _____

***NOTE AS TO MEDICAL RECORDS ONLY:**

If you are the Patient: A valid identification is required to release medical records.

Not the Patient: Requestor is required to provide an Authorization to Release Medical Records signed and dated by the patient.

Patient is deceased: California law allows a beneficiary or personal representative to access a deceased person's medical records. (Health and Safety Code sections 123110, 123105(e); Civil Code section 56.11(c)(4)). A beneficiary is someone who has an interest, entitlement, or will receive property from the patient's will or estate. A personal representative is the administrator of an estate or executor of a will. Requestor must submit a copy of the deceased person's death certificate and related documentation to establish themselves as a beneficiary or personal representative. If no documentation exists or if you have some other legal right to obtain these records, submit a written explanation and attach relevant documentation to support your legal right to access the requested medical records.

MEDICAL RECORDS CANNOT BE EMAILED AS E-MAIL IS NOT SECURED