



Mesa Fire and Medical Department
 Technical Services
 For questions, please call
 480 644-3526
 Available Monday - Thursday
 7:00 am to 5:00 pm



INCIDENT REPORT REQUEST * Required Fields

*Requestor's Name _____

*Phone or email _____

Address: _____

City, State Zip: _____

I am requesting the following incident:

Emergency Medical Services (EMS) Report

Fire investigation photos on CD

Fire Report

Other _____

Fire Investigation Report

Please describe

Fire Incident Details

*Date of Incident _____

*Time of Incident _____

(if known)

Incident No _____

*Location of Incident _____

Requirements

- EMS Records are protected under State and Federal law. If you are requesting a record for yourself, you must have your signature notarized. If you are requesting a record for a minor or deceased individual, please also include a copy of the patient's birth, death certificate or coroner's report. If requesting a record under any other conditions an Authorization to Release Medical Record signed by the patient, Medical Power of Attorney, or Court Guardianship papers are required.
- CD Copies, such as the photos or 911 records require a \$5.00 fee before we can process your request.
- Reports from 7-50 pages are \$5.00. Each additional page over 50 is an additional 20¢ each.

Signed

Print Name

Date

Please send the completed form along with any necessary documentation to:

*Mesa Fire and Medical Department
 Technical Services/Records Department
 PO Box 1466 MS6060
 Mesa, AZ 85211-1466*

Please see page 2 for Emergency Medical Services (EMS) requests.

Completed by: _____

Medical Incident Details

*Date of Incident _____ *Time of Incident _____ (if known) Incident No. _____

*Location of Incident _____

*Patient Name (EMS Only) _____

Requestor's relationship to patient _____

Reference A.R.S. § 12-2294(D)

Is there a spouse of the deceased patient (unless legally separated at time of death) Yes _____ No _____

Is there an acting trustee of a trust created by the deceased patient Yes _____ No _____

Is there an adult child of the deceased patient Yes _____ No _____

Is there a parent of the deceased patient Yes _____ No _____

Is there an adult brother or sister of the deceased patient Yes _____ No _____

Is there a guardian or conservator of the deceased patient (at the time of the patient's death) Yes _____ No _____

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Signed Print Name Date

EMS requests only

Subscribed and sworn to before me this _____ Day of _____ , _____
Notarized by _____

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Technical Services/Records Department
PO Box 1466 MS6060
Mesa, AZ 85211-1466*

Completed by: _____