



**WEST COVINA FIRE DEPARTMENT
REQUEST FOR INCIDENT / EMS REPORT**

1444 W. Garvey Avenue South
West Covina, CA 91790
(626) 939-8824

Incident Reports can typically be available ten business days after your request. Report can be picked up at the office or mailed upon receipt of payment. **There is a \$0.30 per page Black and White fee or \$0.60 per page Color fee (payable to "City of West Covina"). Contact the office for the number of pages.**

Medical Reports are confidential and can only be provided to the patient with proper ID or to a representative of the patient with a signed release (see below**). **There is a \$0.30 per page Black and White fee or \$0.60 per page Color fee (payable to "City of West Covina"). Contact the office for the number of report pages.**

INCIDENT INFORMATION

TYPE OF INCIDENT: FIRE* VEHICLE ACCIDENT EMERGENCY MEDICAL SERVICES** OTHER

INCIDENT NO. _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT _____

NAME OF PATIENT (if applicable) _____

DOB (if applicable) _____

REQUESTING PARTY INFORMATION

PATIENT PARENT OF MINOR PATIENT GUARDIAN OF MINOR PATIENT CONSERVATOR OF PATIENT
 OTHER _____

NAME _____ PHONE NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF REQUESTING PERSON _____

***** OFFICE USE ONLY *****

RELEASE OF INFORMATION

*On-duty Assistant Chief approval. Approval received to be released: Yes No

Assistant Chief Signature _____ Date _____

INFORMATION TO BE RELEASED: IN PERSON US MAIL

**IDENTIFICATION REQUIRED FOR EMS REPORT: DRIVER'S LICENSE DURABLE POWER OF ATTORNEY (DPA) CONSERVATORSHIP
 DEATH CERTIFICATE SUBPOENA ADVANCE HEALTH CARE DIRECTIVE

DATE _____ EMPLOYEE'S INITIALS _____

Note: Please refer to the Department of Health Services County of Los Angeles "Release of EMS Records" policy (Reference No. 612)