



WEST COVINA FIRE DEPARTMENT
REQUEST FOR INCIDENT / EMS REPORT

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

Incident Reports are available approximately ten business days after your request. It can be picked up at the office or mailed upon receipt of payment. There is a \$20.00 fee (payable to "City of West Covina").

Emergency Medical Services (EMS) Reports are confidential and can only be provided to a patient with proper ID or to a representative of the patient with a signed release (*see below***). There is a \$20.00 fee (payable to "City of West Covina").

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)