CLARK COUNTY FIRE DEPARTMENT

REQUEST FOR INCIDENT REPORT

Report Type: ☐ Structure Fire ☐ Vehicle Fire ☐ Medical (See Below) ☐ Investigation

Incident Date: _____ Incident Time: _____ Report No. (if known): _____

Incident Address or Intersection: _____

_____

PERSON, BUSINESS OR AGENCY REQUESTING REPORT

Name (first, middle initial and last): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____ Alt. Phone Number: _____

FAX Number (if report is to be faxed): _____

IF VEHICLE FIRE INCIDENT

Vehicle Year: _____ Make: _____ Model: _____

IF MEDICAL INCIDENT

1. Medical Incident Reports will be mailed or faxed ONLY if original notarized medical release form was submitted by mail. Otherwise they must be picked up in person.
2. Valid ID is required when picking up medical reports.
3. Medical reports will be released ONLY to patient, parent or guardian if patient is a minor (under the age of 18), by subpoena, or with an original notarized medical release form and, if necessary, birth or death certificate. This may not be faxed.

Patient Name: _____

Nature of Incident: _____

REQUEST BY MAIL

Mail this form to: Fire Investigations Division – Records
575 E. Flamingo Road, Las Vegas, NV 89119

NOTE: All Medical Reports requested by persons other than patient must have an original notarized medical release form or subpoena attached to the request.

REQUEST BY FAX

No medical forms may be requested by fax. All others will be accepted.

Fax this form to: Fire Investigations Division – Records at (702) 455-7137