AURORA FIRE RESCUE
INCIDENT REPORT REQUEST

Send request via email to fire@auroragov.org; or via fax to 303-326-8986;
or bring in person or mail to:
Aurora Fire Rescue
15151 E Alameda Pkwy, Suite 4100
Aurora, CO 80012

Please note: It may take up to 5 days to process your request.

Today’s date: ____________________________

Requester Information

Name: ________________________            Phone #: ________________________
Address: ________________________            City: ________________________    State: ______    Zip: ______
Relationship to Incident: ____________________________
Valid ID # (Only needed if requesting medical information) ____________________________
Requested Information (Check report needed)
  □ Fire          □ Motor Vehicle Accident          □ Patient / Medical          □ Other
Requester signature: ____________________________

Would you like to receive the report by mail, by fax, or pick up in person? ________
Provide fax # / email address

Incident Information

Please fill out as completely as possible.

Incident Date: ____________________________            Incident time: ______
Type of Incident: ____________________________
Address of Incident: ____________________________
Persons (s) Involved: ____________________________

This signed form may serve as the necessary medical release in applicable requests.           All reports are subject to review and approval prior to release to any individual or company.

FOR OFFICE USE ONLY

Reviewed by: ____________________________            Date: ____________________________
EMS Approval: ____________________________            Arson Approval: ____________________________
Approved for release: □ Yes □ No            Comments: ____________________________

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□ E-mailed □ Faxed □ Mailed □ Picked up Date: ____________ By: ____________