



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: _____

Report Type		# Copies	Cost	Total	Paid
Basic Incident Report					
Supplemental Report					
Investigation Report					
Photos					
PCR					

E-mailed Faxed Mailed Picked up Date: _____ By: _____