



# AURORA FIRE RESCUE INCIDENT REPORT REQUEST

Send request via email to [fire@auroragov.org](mailto: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     Investigative

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: \_\_\_\_\_