



TURLOCK FIRE DEPARTMENT



INCIDENT REPORT REQUEST
244 N. BROADWAY
TURLOCK CA 95380
PHONE 209-668-5580 FAX 209-668-5558
WWW.CITYOFTURLOCK.ORG

PLEASE REVIEW BEFORE COMPLETING YOUR REQUEST

If you are requesting a report by fax or email you must include a copy of this request form along with a copy of your picture identification to (209) 668-5558 or fire@turlock.ca.us

DATE OF REQUEST: ____/____/____

INCIDENT REPORT NUMBER: ***SEE BELOW IF UNKNOWN** _____

TYPE OF INCIDENT: Fire Vehicle Accident EMS Other: _____

REQUESTOR: Reporting/Involved Party Insurance Company Fire Investigation Property Owner
 Other: _____

Please check: Is a juvenile/minor involved in the report? YES NO
(information on juvenile will be redacted)

***IF INCIDENT REPORT NUMBER UNKNOWN PLEASE COMPLETE DETAILS OF INCIDENT BELOW**

DATE/TIME OF INCIDENT: _____

LOCATION/ADDRESS: _____

NAMES OF INVOLVED: _____

PERSON REQUESTING REPORT PERSONAL INFORMATION

PRINT NAME: _____ DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____ DRIVER'S LICENSE/ID #: _____

CITY: _____ ZIP: _____ CONTACT PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

IF THE REPORT HAS NOT YET BEEN PREPARED, HOW WOULD YOU LIKE TO RECEIVE YOUR COPY?

PLEASE CIRCLE:

FAX MAIL EMAIL CALL FOR PICKUP

This agency has ten (10) business days to respond to the request from the date received by Fire Administration.
The notification of denial will be mailed.

TFD Use Only:

Date Received/By: _____ Approval to Release: _____

Date Released/By: _____ Date Denied/By: _____

Comments: _____