

**Carlsbad Fire Department**  
**Request for Incident Report (non-medical)**

(PLEASE PRINT)

Today's Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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Please send me the report for an incident(s) that occurred as follows:

Incident Date(s): \_\_\_\_\_

Approximate Time(s): \_\_\_\_\_

Incident Location(s): \_\_\_\_\_

Type of Incident (i.e. house fire, traffic accident, etc.) \_\_\_\_\_

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Please find my records fee of \$10.00 \_\_\_\_ **check** OR \_\_\_\_ **cash** enclosed.

**MAIL THIS FORM ALONG WITH YOUR PAYMENT TO:** our address below

**IMPORTANT:** Payment is required before your request can be processed. We will mail the report when ready for release.

Please note: Allow 10-14 days for processing.

For **medical records** individuals can call Wittman Enterprises at 1-800-906-6552 to request. Insurance companies, record retrieval agencies, law firms, etc. please visit: [www.chartswap.com](http://www.chartswap.com) .



**Carlsbad Fire Department**

**Fire Administration** 2560 Orion Way | Carlsbad, CA 92010 | 442-339-2141 | [www.carlsbadca.gov](http://www.carlsbadca.gov)