

Harrods Creek Fire Protection District

REQUEST FOR INCIDENT REPORT

Please read information on page 2 of this form before completing

Incident Date: [ ]

Incident Address: [ ]

Incident Type:  Fire  Medical Assistance  Hazardous Materials  Other: [ ]

PERSON AND BUSINESS/AGENCY REQUESTING REPORT:

Name (first, middle initial and last): [ ]

Business Name: [ ]

Mailing Address: [ ]

City: [ ] State: [ ] Zip: [ ]

Daytime Phone Number: [ ]

Insurance on Damages:  Yes  No

REQUESTING PARTY IS THE:

- Owner  Owner's Insurance Agent
 Owner's Attorney  Tenant
 Occupant/Tenant's Insurance Agent  Occupant/Tenant's Attorney
 Beneficiary of Deceased Patient  Other: [ ]

FOR INSURANCE COMPANY REPRESENTATIVES:

Insurance Company Name: [ ]

Person(s) you represent: [ ]

Policy Claim Number: [ ]

------(For Office Use Only)-----

Incident Number: [ ] Date Provided: [ ]

Request received by:(print) [ ] Date: [ ]

Authorized by:(FD rep. signature) \_\_\_\_\_ Date: [ ]

## REQUEST FOR INCIDENT REPORT - INSTRUCTIONS

### Mail Requests To:

Harrods Creek Fire Protection District  
8905 U.S. Highway 42  
Prospect, Kentucky 40059

**Please include a self-addressed stamped envelope.**

### Completing This Form

YOU CAN COMPLETE THIS FORM ELECTRONICALLY USING THE ACROBAT READER, AND SUBMIT IT BY CLICKING THE "SUBMIT BY EMAIL" BUTTON AT THE RIGHT TOP OF THE FRONT PAGE. THIS SHOULD GIVE YOU OPTIONS TO USE YOUR EMAIL AND WILL AUTO FILL OUR EMAIL ADDRESS, ATTACH THE FILE AND SEND IT FOR YOU. OR YOU CAN PRINT THE FORM AND COMPLETE IT MANUALLY. YOU CAN THEN SCAN IT AND EMAIL IT TO: [shanson@hcfcd.org](mailto:shanson@hcfcd.org) OR FAX IT TO 502-228-1369.

PLEASE PRINT ALL INFORMATION:

Provide the date and the address where the incident occurred. Indicate whether the incident involved a fire, medical assistance, hazardous materials or something other than the three types listed.

Print your first, middle and last name (name of requesting party). If applicable, print the name of the business or agency you represent and that mailing address. If you are requesting a fire incident report, indicate whether you are also requesting a fire investigation report. Please note that fire investigation reports take longer to prepare; therefore, you may want to inquire about its availability before filling out this form. Indicate your relationship with or involvement in the incident as the requesting party. If you represent an insurance company, give the name of your insurance company, the name of the person you represent, and the policy/claim number.